# COUNTY OF LOS ANGELES DEPARTMENT OF CHILDREN AND FAMILY SERVICES Safe Children and Strong Families (SCSF)

# **DESCRIPTION OF PROGRAM SERVICES**

**FAMILY PRESERVATION SERVICES** 

# COUNTY OF LOS ANGELES DEPARTMENT OF CHILDREN AND FAMILY SERVICES

# Safe Children and Strong Families (SCSF) FAMILY PRESERVATION SERVICES

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#### **DESCRIPTION OF PROGRAM SERVICES**

Safe Children and Strong Families (SCSF)
FAMILY PRESERVATION SERVICES

#### **SECTION A - PREAMBLE**

The COUNTY seeks to collaborate with its community partners to enhance the capacity of the health and human services system to improve the lives of children and families. These efforts require, as a fundamental expectation, that the COUNTY contracting partners share the COUNTY and community's commitment to provide health and human services that support achievement of the COUNTY Strategic Plan Mission, Values, Goals and Performance Outcomes.

The County of Los Angeles' vision is to improve the quality of life in the COUNTY by providing responsive, efficient, and high-quality public services that promote the self-sufficiency, well-being and prosperity of individuals, families, businesses and communities. This philosophy of teamwork and collaboration is anchored in the COUNTY'S shared values of: 1) Accountability; 2) A Can-Do Attitude; 3) Compassion; 4) Customer Orientation; 5) Integrity; 6) Leadership; 7) Professionalism; 8) Respect for Diversity; and 9) Responsiveness.

These shared values are encompassed in the COUNTY's Strategic Plan. Improving the well-being of children and families requires coordination, collaboration and integration of services across functional and jurisdictional boundaries, by and between COUNTY departments/agencies and community and contracting partners.

#### SECTION B - PROJECT FOUNDATION

#### 1.0 PURPOSE

Family Preservation Services are linked with the Safe Children and Strong Families (SCSF) Program to ensure the physical, emotional, social, and educational development of children in a safe and nurturing environment. The Department of Children and Family Services (DCFS) and the Probation Department will partner with community-based contractors and the Department of Mental Health (DMH) to provide mental health services when appropriate. This service is divided into two program categories: 1) Family Preservation (FP) Assessment Services; and 2) Family Preservation (FP) Intervention Services.

# 2.0 COUNTY PROGRAM MANAGEMENT

The COUNTY shall provide a COUNTY Program Manager (CPM) to coordinate the delivery of the services of this Contract with the CONTRACTOR's Program Director (CPD) as outlined in Appendix A1, Sample Contract, Part II, Standard Terms and Conditions, Section 2.0, Administration of Contract – COUNTY.

- 2.1 The CPM, identified in Attachment K, COUNTY Administration, or designated alternate, has full authority to monitor CONTRACTOR's performance in the day-to-day operation of this Contract.
- 2.2 The CPM will provide direction to the CONTRACTOR in areas relating to DCFS policy, information and procedural requirements.
- 2.3 The CPM is responsible for the daily management of Contract operations and overseeing monitoring activities, as identified in Attachment K, COUNTY Administration.
- 2.4 The CPM is not authorized to make any changes in the terms and conditions of this Contract and is not authorized to obligate the COUNTY and/or DCFS in any way whatsoever beyond the terms of this Contract.
- 2.5 CONTRACTOR shall attend a mandatory orientation that shall be provided by COUNTY within 30 days of the Contract Start Date. CONTRACTOR shall be notified at least two weeks in advance of the date, time, and location of the orientation.

#### 3.0 CONTRACTOR'S GENERAL RESPONSIBILITIES

- 3.1 As required in Appendix A1, Sample Contract, Part II, Standard Terms and Conditions, Section 1.0, Administration of Contract CONTRACTOR shall designate a CPD to be responsible for the daily management of the Contract operations and overseeing the work to be performed by CONTRACTOR as defined in this Statement of Work (SOW). The CPD is identified in Attachment J, CONTRACTOR's Administration.
- 3.2 The CPD shall be responsible for CONTRACTOR's day-to-day activities as related to this Contract and shall coordinate with CPM during the daily operation of this Contract, and shall be available during the COUNTY's regular business hours of Monday through Friday, from 8:00 AM to 5:00 PM, to respond to COUNTY inquiries and to discuss problem areas.
- 3.3 CONTRACTOR agrees that any work performed outside the scope of this SOW shall be deemed a gratuitous act on the part of CONTRACTOR and, therefore, CONTRACTOR shall have no claim against COUNTY and/or DCFS for any such work.
- 3.4 CONTRACTOR shall not schedule or conduct any meetings or negotiations under this Contract on behalf of the COUNTY and/or DCFS.
- 3.5 The CPD shall attend quarterly continuous quality improvement (CQI) meetings for the SCSF service delivery model. SCSF CQI meeting participants shall include all other SCSF Contractors, CPMs and DCFS Regional Office Representatives.

- 3.6 The CPD, or appropriate representative, shall attend all Family Preservation meetings as determined by COUNTY. Meetings to be scheduled by COUNTY at a minimum of quarterly.
- 3.7 CONTRACTOR shall ensure there is a sufficient number of bilingual staff to meet the language needs of the community served.
- 3.8 CONTRACTOR shall ensure all professional and paraprofessional staff providing program services is able to provide services in a manner that effectively responds to differences in cultural beliefs, behaviors and learning, and communication styles within the community serviced.
- 3.9 CONTRACTOR shall notify the CPM in writing of any change(s) in CONTRACTOR's **key** personnel (i.e. Clinical Directors, Program Managers, Executive Directors, etc.) at least three business days before proposed change(s), including name and qualifications of new personnel. CONTRACTOR shall ensure that no interruption of services occur as a result of the change in personnel.
- 3.10 The CPD shall notify the CPM of **all** staff changes. CONTRACTOR shall provide the CPM, at the beginning of each Contract term and within 15 calendar days of any staff change(s), including key personnel, a roster of all staff that includes:
  - 3.10.1 Name and position;
  - 3.10.2 Work schedule; and
  - 3.10.3 FAX, telephone number, and email address.
  - CONTRACTOR shall ensure the same documentation is maintained by its Subcontractors.
- 3.11 CONTRACTOR shall notify the CPM, within one business day, when staff is terminated from working on this Contract.
- 3.12 CONTRACTOR shall hold weekly supervision reviews with all professional staff, paraprofessional staff, registered interns, and all other staff who provide program services under this Contract. Copies of sign-in logs, agendas and any other supervision materials shall be made available to the CPM upon request. Supervision reviews may be held individually or as a group.
- 3.13 CONTRACTOR shall maintain the following documentation in the personnel files of all professional and paraprofessional staff, registered interns, and volunteer staff, that includes:
  - 3.13.1 All training hours and topics;
  - 3.13.2 Copies of resumes, degrees and professional licenses; and

3.13.3 Criminal clearances.

CONTRACTOR shall ensure the same documentation is maintained by its Subcontractors.

# 4.0 TARGET POPULATIONS

In general, the target populations are the children and families who are in need of services to prevent future child maltreatment and/or DCFS involvement. All Family Preservation services are voluntary. The target populations are divided among the types of services below:

- 4.1 Family Preservation (FP) Assessment Services target parent(s)/caregiver(s) with open DCFS referrals alleged to have domestic violence, mental health and/or substance abuse issues.
- 4.2 Family Preservation (FP) Intervention Services target low to very high-risk families with inconclusive or substantiated referrals. These families may be receiving Family Reunification Services, Family Maintenance Services, or FP Services for those youth and their families involved in the juvenile probation system. As to DCFS, particular emphasis is placed on families with children five years of age or younger.
- 4.3 The criteria for FP Intervention services are:
  - 4.3.1 Families in the DCFS/Probation systems with a child(ren) who has been neglected or abused and is at imminent risk of placement in out-of-home care;
  - 4.3.2 Families with child(ren) in out-of-home placement who may be safely returned sooner, as ordered by the court, if FP services are provided.
- 4.4 Eligible families include, but are not limited to:
  - 4.4.1 Children who have been victims of sexual abuse when the perpetrator no longer has access to the child(ren);
  - 4.4.2 Families with crises that threaten the breakup of the family unit;
  - 4.4.3 Families with domestic violence and/or substance abuse issues:
  - 4.4.4 Families with mental health and/or developmental disability issues;
  - 4.4.5 Families with children who have behavioral problems and/or are truant from school; and
  - 4.4.6 Families with Probation delinquent children who are at risk of out-of-home placement.

#### **SECTION C - SERVICE DESCRIPTION**

#### 5.0 SCOPE OF WORK

Family Preservation Services is a broad, integrated, community-based, collaborative approach consistent with DCFS Core Practice Model, Exhibit A-9, to provide services, resources and supports to DCFS and Probation families experiencing family functioning challenges related to child abuse, neglect, and/or exploitation. This service is divided into two program categories: 1) Family Preservation (FP) Assessment Services; and 2) Family Preservation (FP) Intervention Services.

CONTRACTOR shall provide the services and supports delineated in the scope of work to prevent: 1) subsequent referrals generated by the Child Abuse Hotline; 2) substantiated allegations of child abuse and/or neglect; 3) newly opened child welfare cases; and 4) child removals and placement in out-of-home care among DCFS referred Family Preservation Services clients.

CONTRACTOR shall coordinate and collaborate with other SCSF CONTRACTORs to facilitate successful client navigation across the service delivery continuum.

#### 6.0 FAMILY PRESERVATION (FP) ASSESSMENT SERVICES

FP Assessment Services are those services provided to families who come to the attention of DCFS where there is risk due to identified issues related to mental health, substance abuse and/or domestic violence. Licensed clinicians or registered interns will screen adult family members using a COUNTY approved screening instrument to assess parental strengths and challenges. Family assessments and services are offered to families to help identify and address problems before Child Protective Services intervention is required.

FP Assessment Services are provided as follows:

- 1) Emergency Response Referrals Command Post (ERCP)
  - Assessment services
  - Linkage services
  - In-Home Outreach Counseling (IHOC) (3 hours maximum)
  - Teaching & Demonstrating Homemaking (T&D) (3 hours maximum)
  - Team Decision Making/Child and Family Team (TDM/CFT) meetings
     (3 hours maximum per meeting)
  - Emergency Auxiliary Goods and Services
- 2) Emergency Response Referrals Regional Offices
  - Assessment services
  - Linkage services
  - TDM/CFT meetings (3 hours maximum per meeting)

FP Assessments ERCP Screening Outcome Report, Exhibit A-5, is mandatory and is described in Section 8.0 - Reports and Record Keeping, Sub-section 8.3 – Monthly Logs, of this SOW.

<u>PLEASE NOTE</u>: DCFS is moving forward with implementation of the Core Practice Model, including the implementation of Child and Family Team (CFT) meetings which may replace Team Decision Making (TDM) meetings and/or other collaborative meeting processes. For more information regarding the Core Practice Model please refer to Exhibit A-9.

# 6.1 EMERGENCY RESPONSE REFERRALS – COMMAND POST (ERCP)

Command Post is the section of DCFS that performs Emergency Response In-Person Investigations on referrals that are received <u>after</u> normal business hours and which require an immediate response.

Proposers should indicate within their proposals whether or not they intend to accept ERCP Assessment referrals, as acceptance of these referrals is desirable, but not mandatory. If proposers do intend to accept ERCP referrals for Assessments, they should indicate within which geographic area(s) they intend to provide such services. (PLEASE NOTE: Acceptance of Assessment referrals from Regional offices <u>is</u> mandatory.)

CONTRACTOR shall be available to receive referrals during the Department of Children and Family Services (DCFS) Emergency Response - Command Post (ERCP) hours, which are currently Monday through Friday 5:00 p.m. – 9:00 a.m.; and 24 hours on Saturday, Sunday and COUNTY approved holidays.

- 6.1.1 CONTRACTOR shall be available to receive parent/caregiver assessment referrals, via both fax and telephone. CONTRACTOR's receipt of DCFS designated referral forms shall constitute an official referral of the case to the CONTRACTOR for an assessment. The CONTRACTOR's proof of receipt for the referral shall be the fax stamp or the Monthly Referral Log, Exhibit A-7. Referrals may be forwarded to the CONTRACTOR by telephone prior to the referral being sent via fax, however, response timeframes begin at the time that the CONTRACTOR receives the faxed referral document. CONTRACTOR shall maintain a log of referrals received via both fax and telephone, and shall attach the Monthly Referral Log to the ERCP Screening Outcome Report, Exhibit A-5, as described in Section 8.0 Reports and Record Keeping, of this SOW.
- 6.1.2 CONTRACTOR shall ensure that referrals are assigned within one hour of receiving the referral, to a licensed clinician or registered intern that is under the supervision of a Licensed Clinical Social Worker (LCSW) or Licensed Marriage and Family Therapist (LMFT) or Licensed Psychologist to conduct an assessment. If CONTRACTOR is unable to assign a FP Assessor within the one hour timeframe, CONTRACTOR must contact ERCP to have the referral reassigned to another CONTRACTOR. CONTRACTOR shall maintain a log of all fax and telephone referrals and

- their disposition, including receipt time, time of assignment and time of referral return to ERCP (*if applicable*).
- 6.1.3 CONTRACTOR shall ensure that the assigned FP Assessor makes one attempt to contact the assigned Children's Social Worker (CSW) prior to conducting the screening to gather additional information to complete the assessment. This contact shall be documented on Exhibit A-8, Case Activity Log/Notes.
- 6.1.4 CONTRACTOR shall utilize a pre-approved DCFS screening tool.
- 6.1.5 CONTRACTOR shall ensure that the clinician or registered intern arrives at the parent(s)/caregiver(s) home/location within one hour of the CONTRACTOR's receipt of the faxed referral form, unless otherwise specified by the COUNTY designee, to complete the screening consistent with DCFS Core Practice Model, Exhibit A-9.
  - <u>NOTE</u>: The FP Assessor may contact the Emergency Response Command Post to request approval of arrival times that exceed one hour when documented reasonable logistical challenges arise.
- 6.1.6 CONTRACTOR shall ensure that if the family is not present the FP Assessor immediately contacts the COUNTY designee. The COUNTY designee is to confirm the address and contact information. If the family is not contacted within 15 minutes of the FP Assessor's arrival at the home, the referral shall be closed unless otherwise specified by the COUNTY designee. CONTRACTOR is to contact the COUNTY designee to report an attempted contact. CONTRACTOR shall leave an Attempted Contact Letter Exhibit A-10 at the residence. After the CONTRACTOR has provided ERCP with telephonic notification of an attempted contact, the CONTRACTOR shall fax the completed Attempted Contact Form (Exhibit A-11) to the COUNTY designee before 12 noon the following day. CONTRACTOR shall not e-mail the form due to confidentiality guidelines, unless both parties have encrypted email technology. Documentation of all referral activity shall be kept in the case record.
- 6.1.7 CONTRACTOR shall ensure that within one hour of completing the FP Assessment, the clinician or registered intern will communicate with the CSW and provide a verbal summary of the findings. If the FP Assessor is unable to reach the CSW, the FP Assessor shall contact the ERCP designee to convey the results to the appropriate supervisor and/or manager.
- 6.1.8 In addition to providing a verbal summary of findings to the CSW within one hour, CONTRACTOR shall provide a preliminary written summary of findings to the COUNTY designee via fax within two hours. In the event the CONTRACTOR does not have immediate access to a fax machine, the CONTRACTOR shall fax the written preliminary summary of findings to the COUNTY designee by 12 noon the following day. CONTRACTOR

shall not e-mail the report due to confidentiality guidelines, unless both parties have encrypted email technology.

6.1.9 CONTRACTOR shall ensure that the completed, approved, and signed report is submitted to the requesting Supervising Children's Social Worker (SCSW) and COUNTY designee no later than 24 hours after the assessment has been completed. CONTRACTOR shall not e-mail the report due to confidentiality guidelines, unless both parties have encrypted email technology. The report must clearly provide the clinician's or registered intern's assessment in the areas of mental health status, substance abuse, and domestic violence history and a recommendation regarding what impact, if any, those factors may have on a parent/caregiver's ability to safely care for a child, and must include recommended linkage services, as described in Linkages, Attachment P, in the Sample Contract, to meet identified needs consistent with DCFS Core Practice Model, Exhibit A-9. The report must clearly document the FP Assessor's arrival and departure time in the heading of the report. CONTRACTOR shall maintain documentation of submission to DCFS.

<u>NOTE</u>: A completed signed and written report must be submitted to the requesting ERCP Supervising Children's Social Worker (SCSW) and COUNTY designee in order for an agency to submit an invoice for payment.

- 6.1.10 CONTRACTOR shall make best efforts to ensure that all ERCP families are assigned to the same agency for emergency services by In-Home Outreach Counseling (IHOC) services, and Teaching and Demonstrating (T&D) Homemaking services staff members, unless otherwise clinically indicated or directed by the COUNTY designee. When a referral is reassigned to another agency, it must be documented and such documentation must be provided to the COUNTY designee. IHOC and T&D services are to be provided within 5 calendar days of FP Assessor's initial visit. The maximum billable amount for IHOC or T&D Homemaking services is three hours of each service per assessment per agency.
- 6.1.11 CONTRACTOR shall attend Team Decision Making (TDM) or Child and Family Team (CFT) meetings if available and considered necessary, after conducting the FP assessment.
- 6.1.12 Emergency Auxiliary Good and Services (ERCP Referrals Only)

CONTRACTOR shall be responsible for consulting with the ERCP or COUNTY designee, to assess the emergency needs of families. If such needs are necessary, CONTRACTOR shall use available auxiliary funds to purchase goods and services, one time per family, up to a maximum of \$500.00. CONTRACTOR has up to five calendar days following approval by the ERCP or COUNTY designee to purchase the approved items.

Emergency Auxiliary goods and services purchased by the CONTRACTOR shall include, but are not limited to, bedding, clothing, flatware and temporary emergency housing. CONTRACTOR shall use the designated web-based system to invoice for reimbursement for goods and services on Exhibit A-22, Emergency Auxiliary Goods and Services.

#### 6.2 EMERGENCY RESPONSE REFERRALS – REGIONAL OFFICE

Regional Office is the section of DCFS that performs Emergency Response In-Person Investigations on referrals received during normal business hours.

- 6.2.1 CONTRACTOR shall be available to receive assessment referrals, via both fax and telephone. CONTRACTOR's receipt of DCFS designated referral forms shall constitute an official referral of the case to the CONTRACTOR for an assessment. The CONTRACTOR's proof of receipt for the referral shall be the fax stamp or the Monthly Referral Log, Exhibit A-7. Referrals may be forwarded to the CONTRACTOR by telephone prior to the referral being sent via fax; however, response timeframes begin at the time that the CONTRACTOR receives the faxed referral document. CONTRACTOR shall maintain a log of referrals received via both fax and telephone, and shall attach the Monthly Referral Log to the Regional Office Screening Outcome Report, Exhibit A-6, as described in Section 8.0 Reports and Record Keeping, of this SOW.
- 6.2.2 CONTRACTOR shall ensure that referrals are assigned within one hour of receipt to a licensed clinician or registered intern that is under the supervision of a LCSW or LMFT or Licensed Psychologist to conduct an assessment. The CONTRACTOR's designee must contact the COUNTY designee within the same hour of receipt of the referral form.
- 6.2.3 CONTRACTOR shall ensure that the assigned FP Assessor makes one attempt to contact the assigned CSW prior to conducting the assessment to gather additional information to complete the assessment. This contact shall be documented on the Case Activity Log/Notes, Exhibit A-8.
- 6.2.4 CONTRACTOR shall utilize a pre-approved DCFS screening tool.
- 6.2.5 CONTRACTOR shall ensure that the clinician or registered intern arrives at the parent(s)/caregiver(s) home/location within 24 hours of the CONTRACTOR's receipt of the referral form, unless otherwise specified by the COUNTY designee, to complete the screening consistent with DCFS Core Practice Model, Exhibit A-9. If the clinician or registered intern cannot make contact either in-person or by telephone with the parent(s)/caregiver(s) in this timeframe, they are to make an unannounced visit to the home/location the following business day. CONTRACTOR shall leave an Attempted Contact Letter, Exhibit A-10, if the parent/caregiver is not present.

- 6.2.5.1 If the clinician or registered intern is unable to make contact with the family after three telephone attempts and one face-to-face attempt within five business days, an Initial Attempted Contact Form, Exhibit A-11, shall be submitted to the COUNTY designee. CONTRACTOR is responsible for follow-up with the COUNTY designee to discuss the potential need to extend the time for the clinician or registered intern to make contact with the parent(s)/caregiver(s) at the home/location. The decision of the COUNTY designee shall be final.
- 6.2.6 CONTRACTOR shall ensure that within four hours of completing the FP assessment, the clinician or registered intern will provide the CSW with a verbal summary of the findings. If the FP assessment is completed after business hours of 8:00 a.m. to 5:00 p.m., the clinician or registered intern shall leave a voicemail message that includes a verbal summary of the findings and pertinent contact information.
- 6.2.7 CONTRACTOR shall ensure the assessment report is completed, approved, signed, and submitted to the requesting Supervising Children's Social Worker (SCSW) and COUNTY designee no later than three business days after the assessment has been completed. CONTRACTOR shall not e-mail the report due to confidentiality guidelines, unless both parties have encrypted email technology. The report must clearly provide the clinician's or registered intern's assessment in the areas of mental health status, substance abuse, and domestic violence history and a recommendation regarding what impact, if any, those factors may have on a parent/caregiver's ability to safely care for a child, and must include recommended services and resources to address any identified service needs consistent with DCFS Core Practice Model, Exhibit A-9. The report must clearly document FP Assessor's arrival and departure time in the heading of the report. CONTRACTOR shall maintain documentation of submission to DCFS.
  - <u>NOTE</u>: A completed signed report must be submitted to the requesting Emergency Response SCSW prior to an agency submitting an invoice for payment.
- 6.2.8 CONTRACTOR shall ensure that the clinician or registered intern links the family to the appropriate services that are available within the community after it has been discussed with the assigned CSW or SCSW, as described in Linkages, Attachment P, in the Sample Contract. If the CSW or SCSW cannot be reached, the CONTRACTOR should proceed with providing the linkage service. In such circumstances, efforts made in attempt to contact the CSW and SCSW should be documented in the case record.
- 6.2.9 CONTRACTOR shall attend TDM/CFT meetings if available and considered necessary, after conducting the FP assessment. The

maximum billable amount for attendance at these meetings is three hours per meeting per agency.

<u>NOTE</u>: FP Assessments Regional Office Screening Outcome Report, Exhibit A-6 is mandatory and is described in Section 8.0 - Reports and Record Keeping, Sub-section 8.3 – Monthly Logs, of this SOW.

# 7.0 FAMILY PRESERVATION (FP) INTERVENTION SERVICES

FP Intervention Services are family centered services or resources that assist families by strengthening parent and family functioning while keeping children safe. These services are designed to prevent the removal of the children or reunify the family if the children have been removed. Services are comprehensive and family-focused to fit the individual needs of each unique family.

FP Intervention Services are provided as follows:

- 1) Alternative Response Services (ARS)
- 2) FP Intervention: Open DCFS/Probation FP Cases

<u>PLEASE NOTE</u>: DCFS is moving forward with implementation of the Core Practice Model, including the implementation of Child and Family Team (CFT) meetings which may replace Team Decision Making (TDM) meetings, Multidisciplinary Case Planning Committee (MCPC) meetings and/or other collaborative meeting processes. For more information regarding the Core Practice Model please refer to Exhibit A-9.

#### 7.1 ALTERNATIVE RESPONSE SERVICES (ARS)

ARS are short-term, family centered services or resources that assist families in crisis by strengthening parent(s)/caregiver(s) and family functioning while keeping children safe. In addition, they are designed to prevent the removal of the child(ren) from the home. Services are comprehensive and family-focused to fit the individual needs of each family.

ARS includes the following service array:

- Multidisciplinary Case Planning Committee (MCPC);
- In-Home Outreach Counseling (IHOC);
- Supplemental services; and
- Linkage services.

ARS is for families that have an inconclusive or substantiated, low-to-moderate risk child abuse or neglect allegation (closed referrals) that are in need of support services.

ARS may be provided up to a maximum of 90 days. In some instances, DCFS may refer again those families that have already received services if a new referral has been assessed as inconclusive or substantiated low-to-moderate

- risk. Once the prior 90 days of ARS has been completed and closed, a subsequent referral to ARS can be made.
- 7.1.1 CONTRACTOR shall be available to receive ARS referrals (Intervention Services Intake Form, Exhibit A-3), via both fax and telephone. CONTRACTOR's receipt of hard copy DCFS designated referral forms shall constitute an official referral of the case to the CONTRACTOR for ARS. The CONTRACTOR's proof of receipt for the referral shall be the fax stamp or the Monthly Referral Log, Exhibit A-7. Referrals may be forwarded to the CONTRACTOR by telephone prior to the referral being sent via fax; however, response timeframes begin at the time that the CONTRACTOR receives the faxed referral document. CONTRACTOR shall maintain a log of referrals received via both fax and telephone, and shall attach the Monthly Referral Log to the Monthly Staffing and Expenditure Report (MSER), Exhibit A-27, as described in Section 8.0 Reports and Record Keeping, of this SOW.
- 7.1.2 CONTRACTOR shall call the COUNTY designee within 24 hours of receiving the referral to confirm receipt, provide the name of the Contract Program Director (CPD) and the IHOC. The CPD or IHOC shall discuss case specifics and a preliminary plan with the COUNTY designee.
- 7.1.3 CONTRACTOR shall ensure the IHOC makes contact with the family within two business days following the receipt of the referral. At the time of the initial home visit, the IHOC is to conduct an initial assessment of service needs. Attempts to make contact shall include a minimum of three telephone attempts and one face-to-face home visit attempt. If contact is unsuccessful, CONTRACTOR shall immediately contact the COUNTY designee. CONTRACTOR shall leave an Attempted Contact Letter, Exhibit A-10, at the residence when the attempted home visit is made. Attempted visits shall be documented on the Initial Attempted Contact Form, Exhibit A-11, and kept in the case record.
- 7.1.4 CONTRACTOR shall terminate the referral two business days after the attempted home visit, if there is no response from the family. If the CONTRACTOR does not receive a response from DCFS within three days after notification of the terminated referral, then the referral shall be closed. DCFS reserves the right to make the final decision regarding closing the referral.
- 7.1.5 Within 24 hours after the IHOC initial home visit or an attempted home visit where the IHOC was unable to make contact, the CONTRACTOR shall inform the COUNTY designee if either: 1) the family refused services; 2) the IHOC believes the family is inappropriate for services; or 3) the IHOC believes the family is appropriate for services. CONTRACTOR shall notify the CSW, if after assessing the family, CONTRACTOR regards them as inappropriate for ARS. If CSW is not available, CONTRACTOR shall contact the SCSW and/or the ARA. When a CSW and CONTRACTOR do not agree regarding the appropriateness

of the family for ARS, CONTRACTOR shall utilize and confer with the DCFS Regional Office chain of command.

In any one of these cases, the CONTRACTOR may invoice for the supplemental IHOC visit that is in excess of the base rate visit, for the assessment, at the hourly rate of the educational level of the staff providing the assessment.

# 7.1.6 <u>Alternative Response Services (ARS) Multidisciplinary Case Planning Committee (MCPC)</u>

The MCPC is a planning committee composed of the referred family, CONTRACTOR staff, and the CSW when possible, to develop a service plan to address the family's needs. This service plan may include other SCSF contracted services and/or linkage services.

- 7.1.6.1 CONTRACTOR shall ensure that CONTRACTOR's Clinical Director or DCFS approved designee, convenes a MCPC meeting within five business days of the IHOC initial home visit at which time, an ARS/FP MCPC Service Plan Agreement shall be developed and written. The plan must be signed by all MCPC participants, after which the CONTRACTOR shall submit a copy to the COUNTY designee.
- 7.1.6.2 CONTRACTOR shall ensure that a MCPC termination meeting is held between 15 to 30 days prior to the anticipated case termination date.

# 7.1.7 Family Assessment Form (FAF)

CONTRACTOR shall complete the Family Assessment Form (FAF) assessment tool within 30 days for FP families. CONTRACTOR shall convene an updated MCPC Plan meeting to incorporate the findings of the FAF assessment into the service plan. FAF will be used throughout the case as determined by the FP Program Manager.

FAF is a practitioner-developed, research-validated, user-friendly, and HIPAA compliant web-based program designed to help child welfare and workers assess family functioning, develop meaningful services plans, monitor progress, and assist agencies in measuring program outcomes.

- 7.1.8 <u>Alternative Response Services (ARS) Multidisciplinary Case Planning</u>
  Committee (MCPC) Service Plan Agreement
  - 7.1.8.1 CONTRACTOR will engage family in the case planning process consistent with DCFS Core Practice Model, Exhibit A-9, and actively participate as a Child and Family Team member.

- 7.1.8.2 CONTRACTOR shall ensure that the caregiver and other attendees at each ARS/FP MCPC Service Plan meeting complete and sign all of the required contract forms, including Exhibit A-13, which includes the following sections: 1) MCPC Confidentiality Declaration; 2) Consent to Comply with the Children's Bill of Rights; 3) Consent to Release and Exchange Information, Exhibit A-2; and 4) any other necessary DCFS designated forms.
- The attendees at the ARS/FP MCPC Service Plan meeting shall 7.1.8.3 develop the ARS/FP MCPC Case Plan/Service Agreement (Exhibit A-13), which shall: 1) determine which family members will receive service; 2) assess the strengths and needs of the family; 3) identify short and long-term goals that will address the needs and enhance the strengths identified; 4) outline the objectives and concrete measurable steps that will assist the family in meeting their short and long term goals; and 5) clearly identify the responsible party and timeline of each objective. CONTRACTOR shall also comply with DCFS protocols as found in DCFS policy Coordination Service Action Team (CSAT) at: http://lacdcfs.org/katieA/csat/, to identify and address mental health disorders in children. In the event mental health issues are identified in adult family members, CONTRACTOR must complete the necessary forms and/or processes to refer the family member to a COUNTY DMH provider or another similarly qualified, affordable mental health provider.
  - 7.1.8.3.1 CONTRACTOR cannot bill for DMH services through ARS FP.
- 7.1.8.4 Parent(s)/caregiver(s), COUNTY designee, child(ren) (over the age of 10), and Clinical Director shall sign and date the ARS/FP MCPC Service Agreement.
- 7.1.8.5 CONTRACTOR's Clinical Director is responsible for overseeing the development, approval, and implementation of the ARS/FP MCPC Service Plan Agreement, including supervising the staff providing the IHOC services. The ARS/FP MCPC Service Plan Agreement must be case specific with base rate and supplemental services directly linked to the case plan goals. The frequency of services must be documented with a predetermined frequency, for example, one time per week or two times per month.
- 7.1.8.6 CONTRACTOR's Clinical Director is responsible for ensuring that clinical supervision is held on a weekly basis and that proper documentation of such supervision is maintained.

Any changes made in the frequency of services which are made subsequent to an ARS/FP MCPC Service Plan meeting, shall be documented on an ARS/FP MCPC Service Plan Addendum, Exhibit A-16. This addendum must be signed by the parent(s)/caregiver(s), child(ren) (over the age of 10), Clinical Supervisor, and the IHOC.

7.1.8.7 CONTRACTOR is responsible for ensuring that a copy of the ARS/FP MCPC Service Plan Agreement is delivered to the COUNTY designee, community partner(s) listed on the service plan, and the family at the conclusion of each meeting, or as soon as practically possible if the meeting took place in a location where photocopy equipment was not available.

NOTE: If an assessment was conducted for a family through the FP Assessment Services component, as indicated in Sections 6.1 -Emergency Response Referrals - Command Post, and 6.2 - Emergency Response Referrals - Regional Office, the Regional Office shall assign for continued services, the CONTRACTOR that conducted the FP unless otherwise clinically indicated. lf after assessment. CONTRACTOR has completed an assessment the CONTRACTOR's Clinical Director determines that it is not clinically appropriate for the CONTRACTOR to provide ARS services to a referred family, the Clinical Director shall inform the COUNTY Designee as soon as practically possible so that an alternative plan for the family can be created. Reasons for assigning another IHOC from the CONTRACTOR need to be documented. If the CONTRACTOR is not available to take the case, this needs to be documented on the ARS referral form (Intervention Services Intake Form, Exhibit A-3).

# 7.1.9 <u>In-Home Outreach Counselor (IHOC) Sessions</u> (ARS Cases)

CONTRACTOR shall provide one hour IHOC sessions per week with a minimum of four sessions per month for each family participating in the ARS/FP Services. Timely engagement of families is fundamental and consistent with DCFS Core Practice Model, Exhibit A-9.

IHOC sessions are face-to-face meetings between the IHOC and the ARS/FP MCPC Service Plan Agreement participants. IHOC sessions must provide case management services, crisis intervention, as well as linkage services and advocacy. In collaboration with the family and DCFS staff, the IHOC conducts psychosocial assessments, develops comprehensive treatment plans, and arranges for services and activities while monitoring the clients' progress toward court ordered and non-court ordered treatment/case plan goals. Documentation of the IHOC session is case specific and documents all aspects on Progress Notes, Exhibit A-17.

7.1.9.1 The IHOC sessions shall be at least one hour per week and are part of the base rate. Any additional IHOC sessions that are

necessary, may be of shorter duration and billed accordingly. CONTRACTOR may bill for a fifth IHOC session for months in which there are five weeks.

7.1.9.2 CONTRACTOR shall document all services, and attempts to provide services, in the case records.

<u>NOTE</u>: For a description of Excused and Unexcused Absences, refer to Sub-sections 7.2.17 and 7.2.18, of this SOW.

- 7.1.9.3 CONTRACTOR may provide Supplemental Services for ARS cases, as described in Sub-section 7.2.19, of this SOW.
- 7.1.9.4 ARS cases may receive Linkages, as described in Attachment P, in the Sample Contract.
- 7.1.9.5 CONTRACTOR may <u>not</u> purchase goods and services for ARS cases through auxiliary funds.
- 7.1.9.6 ARS Monthly Progress Reports shall be recorded on MCPC Service Plan/Monthly Progress Report, Exhibit A-14, as described in Section 8.0 Reports and Record Keeping, of this SOW.

#### 7.2 FP INTERVENTION: OPEN DCFS/PROBATION FP CASES

The FP Intervention services approach is an integrated, comprehensive, community-based approach to service delivery that ensures child safety while strengthening and preserving families who are experiencing problems in family functioning characterized by child abuse, neglect or exploitation. The goal of the services, resources, and supports is to assure the physical, emotional, social, educational, cultural and spiritual development of children in a safe and nurturing environment.

FP Intervention services will be provided for families when they are referred AND when any of the following conditions apply:

- Families with substantiated referrals;
- Families receiving family reunification services and are expected to return home within 90 days;
- Families receiving family maintenance services; or
- Families with juvenile Probation involvement.

NOTE: Identification of Intensive Family Preservation Families for Service Priority: Intensive Family Preservation (IFP) is services provided to families to assist in maintaining children in the family home when possible.

IFP services may be provided for families if the family has an open DCFS case and at least one of the following criteria is met:

- Child in the family, age 0-5;
- Any family with a child having a demonstrated mental health need; or
- Any family to necessitate intensive services as identified and documented by the TDM, CFT, or MCPC meeting.

The initial determination of the IFP services will be made at a TDM/CFT/MCPC meeting. As schedule allows, the assigned CONTRACTOR must be involved/present at this meeting where it shall be determined if the family will receive IFP services. All base rate and supplemental services may be provided prior to the initial MCPC Service Plan Agreement meeting. The initial IFP services shall be documented on Supplemental Service Progress Notes, Exhibit A-18. Continued need for IFP services shall be assessed throughout the life of the case and case plan may be changed as warranted.

<u>NOTE</u>: Once IFP services have been established, the length of time that the family will continue to receive IFP services shall be at the discretion of the Child and Family Team. When CFT members reach a consensus that IFP services are no longer warranted, the family's service plan will be amended and the family will be provided with the traditional FP services for the remainder of the service period.

The provision of IFP services will be contingent on the availability of CONTRACTOR's resources to provide this service and is desirable, but NOT a mandatory requirement. The determination as to whether a CONTRACTOR has resources available to provide IFP services will be made collaboratively on a case by case basis by the COUNTY designee and the CONTRACTOR Project Manager. Once CONTRACTOR has accepted an IFP referral, CONTRACTOR is then required to adhere to ALL IFP service requirements as outlined in this SOW.

- 7.2.1 CONTRACTOR shall be available to receive FP Intervention referrals, via both fax and telephone. CONTRACTOR's receipt of DCFS designated referral forms shall constitute an official referral of the case to the CONTRACTOR for FP Intervention. The CONTRACTOR's proof of receipt for the referral shall be the fax stamp or the Monthly Referral Log, Exhibit A-7. Referrals may be forwarded to the CONTRACTOR by telephone prior to the referral being sent via fax; however, response timeframes begin at the time that the CONTRACTOR receives the faxed referral document. CONTRACTOR shall maintain a log of referrals received via both fax and telephone, and shall attach the Monthly Referral Log to the Monthly Staffing and Expenditure Report (MSER), Exhibit A-27, as described in Section 8.0 Reports and Record Keeping, in this SOW.
- 7.2.2 CONTRACTOR shall call the COUNTY designee within 24 hours of receiving the referral to confirm receipt, provide the name of the CPD and the IHOC. The CPD or IHOC shall discuss case specifics and a preliminary plan with the COUNTY designee.

- 7.2.3 CONTRACTOR shall ensure the IHOC makes contact with the family within five business days following the receipt of the referral. At the time of the initial home visit, the IHOC is to conduct an initial assessment of service needs. Attempts to make contact shall include a minimum of three telephone attempts and one face-to-face home visit attempt. If contact is unsuccessful, CONTRACTOR shall immediately contact the COUNTY designee. CONTRACTOR shall leave an Attempted Contact Letter, Exhibit A-10, at the residence when the attempted home visit is made. Attempted visits shall be documented on the Initial Attempted Contact Form, Exhibit A-11, and kept in the case record. The Initial Attempted Contact Form shall be made available to the COUNTY designee upon request.
- 7.2.4 CONTRACTOR shall terminate the referral five business days after the attempted home visit, if there is no response from the family. If the CONTRACTOR does not receive a response from DCFS within three days after notification of the terminated referral, then the referral shall be closed. DCFS reserves the right to make the final decision regarding closing the referral.
- 7.2.5 Within 24 hours after the IHOC initial home visit or an attempted home visit where IHOC was unable to make contact, the CONTRACTOR shall inform the COUNTY designee if either: 1) the family refused services; 2) the IHOC believes the family is inappropriate for services; or 3) the IHOC believes the family is appropriate for services. CONTRACTOR shall notify the CSW, if after assessing the family, CONTRACTOR regards them as inappropriate for FP services. If CSW is not available, CONTRACTOR shall contact the SCSW and/or the ARA. When a CSW and CONTRACTOR do not agree regarding the appropriateness of the family for FP services, CONTRACTOR shall utilize and confer with the DCFS Regional Office chain of command.

In any one of these cases, the CONTRACTOR may invoice for the supplemental IHOC visit that is in excess of the base rate visit for the assessment, at the hourly rate of the educational level of the staff providing the assessment.

# 7.2.6 DCFS/Probation Multidisciplinary Case Planning Committee (MCPC)

The MCPC is a planning committee composed of the referred family, CONTRACTOR staff, and the CSW/County Probation Department Deputy Probation Officer (DPO) to develop a service plan to address the family's needs. This service plan may include other SCSF contracted services and/or linkage services and/or Auxiliary Goods and Services.

MCPC activities also affect Foster Care Children and are described under Sub-section 7.2.15 of this SOW.

- 7.2.6.1 CONTRACTOR's Clinical Director or CONTRACTOR's staff approved by the COUNTY designee shall convene the MCPC meeting within 15 business days of the initial home visit and must notify the DCFS/Probation designee, family, and all relevant service providers, giving them a minimum of three business days advance notice of such meeting.
- 7.2.6.2 CONTRACTOR shall ensure subsequent MCPC meetings are conducted, at a minimum, every 75 days for the duration of the services. In emergencies, to meet the 75-day requirement, the CONTRACTOR may conduct MCPC meetings, by conference call, if all required parties are involved. Families must be present at the agency location during the call.
- 7.2.6.3 Prior to case termination, CONTRACTOR shall convene a MCPC meeting to discuss the family's progress. To promote family self-sufficiency, the DCFS/Probation MCPC Service Agreement (Exhibit A-13), shall document specific community resources from which the family may receive services or concrete support in times of need. A termination MCPC meeting shall be held between 15 to 30 days prior to the anticipated case termination date unless the family cannot be located or refuses to participate, or in instances where the Department terminated the case prior to the end date without advance notice to the CONTRACTOR.

NOTE: The DCFS/Probation MCPC services may be provided up to six months. The COUNTY designee must approve continuing the services for two, three-month extensions. The DCFS Regional Administrator must approve services beyond one year. Families that have previously received FP services may be subsequently referred, by DCFS or Probation, to the FP Program. However, if the family previously received services for one year or more, the provision of additional services must be pre-approved by the DCFS/Probation Regional Administrator.

7.2.6.4 CONTRACTOR shall document all scheduling attempts for each family member in the case record on Scheduling Deferment, Exhibit A-15.

# 7.2.7 Family Assessment Form (FAF)

CONTRACTOR shall complete the Family Assessment Form (FAF) assessment tool within 30 days for FP families. CONTRACTOR shall convene an updated MCPC Plan meeting to incorporate the findings of the FAF assessment into the service plan. Family Assessment Form will be used throughout the case as determined by the FP Program Manager.

FAF is a practitioner-developed, research-validated, user-friendly, and HIPAA compliant web-based program designed to help child welfare and workers assess family functioning, develop meaningful services plans, monitor progress, and assist agencies in measuring program outcomes.

- 7.2.8 <u>DCFS/Probation Multidisciplinary Case Planning Committee (MCPC)</u> <u>Service Plan Agreement</u>
  - 7.2.8.1 CONTRACTOR will engage family in the case planning process consistent with DCFS Core Practice Model, Exhibit A-9, and actively participate as a Child and Family Team member.
  - 7.2.8.2 CONTRACTOR shall ensure that the caregiver and other attendees at each MCPC Service Plan meeting complete and sign all of the required contract forms, including Exhibit A-13, which includes the following sections: 1) MCPC Confidentiality Declaration; 2) Consent to Comply with the Children's Bill of Rights; 3) Consent to Release and Exchange Information, Exhibit A-2; and 4) any other necessary DCFS designated forms.
  - 7.2.8.3 The MCPC shall develop the DCFS/Probation MCPC Service Plan Agreement, which shall: 1) determine which family members will receive service; 2) assess the strengths and needs of the family; 3) identify short and long-term goals that will address the needs and enhance the strengths identified; 4) outline the objectives and concrete measurable steps that will assist the family in meeting their short and long term goals: 5) clearly identify the responsible party and timeline of each objective; and 6) incorporate a Safety Plan as developed in the TDM/CFT by DCFS and the family.. CONTRACTOR shall also comply with DCFS protocols as found in DCFS policy Coordination Service Action Team (CSAT) http://lacdcfs.org/katieA/csat/. CONTRACTOR will partner with their designated DMH Family Preservation Liaison to refer children and families to an appropriate DMH contracted provider and submit the necessary forms including Exhibits A-29, A-30, and A-31 to facilitate referrals and track linkage to services. If there is no available DMH contracted provider, the adult family member shall be referred to a similarly qualified mental health provider.

<u>NOTE</u>: The MCPC evaluation for IFP services shall be designated at each MCPC meeting to determine if a family still qualifies and requires the service(s) or if they are no longer needed. The determination shall be based with consideration given to the Structured-Decision Making (SDM) tool rating of high/very high risk, the Child Protective Services investigation, and the DCFS Core Practice Model, Exhibit A-9.

- 7.2.9 CONTRACTOR shall provide the following supplemental FP services to families assessed at the TDM/CFT meeting, initial MCPC or subsequent MCPC's, in need of receiving IFP services, unless another schedule is determined in the child's best interest by a CFT:
  - Two T&D visits per week (evening visits if possible), and
  - Two Supplemental weekly IHOC visits beyond the base rate IHOC visits, to take place in the evening. One mental health home visit may be substituted for one IHOC visit per week with documented case coordination.

<u>NOTE</u>: A CFT has the discretion to alter the above visitation/services schedule to meet the individual needs of the family being served. All such approved variations of the above-outlined IFP visitation schedule must be clearly documented in the MCPC Service Plan Agreement.

<u>NOTE</u>: Base rate IHOC and supplemental services shall not be performed consecutively within one business day, except when an extra IHOC and/or T&D visit is made on the day following an absence.

CONTRACTOR shall be compensated for additional T&D and supplemental IHOC visits for families identified as receiving IFP services. Identification of the family for IFP services shall take place before billing for additional services.

- 7.2.10 CONTRACTOR's Clinical Director is responsible for overseeing the development, approval, and implementation of the DCFS/Probation MCPC Service Plan Agreement, including supervising the staff providing the IHOC services. The plan must be case specific with the base rate and supplemental services directly linked to the case plan goals. The frequency of services must be documented with a pre-determined frequency, for example, one time per week or four times per month.
- 7.2.11 CONTRACTOR's Clinical Director is responsible for ensuring that clinical supervision is held on a weekly basis and that proper documentation of such supervision is maintained. CONTRACTOR's Clinical Director is responsible for reviewing, approving, and signing the DCFS/Probation MCPC Service Plan Agreement.

Any changes made in the frequency of services which are made subsequent to a DCFS/Probation MCPC meeting, shall be documented on the ARS/FP MCPC Service Plan Addendum (Exhibit A-16).

- 7.2.12 Parent(s)/caregiver(s), COUNTY designee, child(ren) (over the age of 10), and Clinical Director shall sign and date the DCFS/Probation MCPC Service Plan Agreement.
- 7.2.13 CONTRACTOR is responsible for ensuring that a copy of the DCFS/Probation MCPC Service Plan Agreement is delivered to the

COUNTY designee, Community Partner(s) listed on the service plan, and the family within two business days.

- 7.2.14 CONTRACTOR shall make a copy of the signed DCFS/Probation MCPC Service Plan Agreement for the CONTRACTOR's case records.
- 7.2.15 <u>In-Home Outreach Counselor (IHOC) Sessions</u> (DCFS/Probation FP Cases)

CONTRACTOR shall provide one hour IHOC sessions per week with a minimum of four sessions per month for each family participating in the DCFS/Probation FP Services. Timely engagement of families is fundamental and consistent with DCFS Core Practice Model, Exhibit A-9.

IHOC sessions are face-to-face meetings between the IHOC and the DCFS/Probation MCPC Service Plan Agreement participants. IHOC sessions must provide case management services, crisis intervention, as well as linkage services and advocacy. In collaboration with the family and DCFS staff, the IHOC conducts psychosocial assessments, develops comprehensive treatment plans, and arranges for services and activities while monitoring the clients' progress toward court ordered and non-court ordered treatment/case plan goals. Documentation of the IHOC session is case specific and documents all aspects on Progress Notes, Exhibit A-17.

Visits with children in foster care must not be arranged in the foster home, but the parent(s)/caregiver(s) may be transported to the visitation site, as required in the DCFS/Probation MCPC Service Plan.

- 7.2.15.1 The IHOC sessions shall be at least one hour per week and are part of the base rate. Any additional IHOC sessions that are necessary, may be of shorter duration and billed accordingly. CONTRACTOR may bill for a fifth IHOC session for months in which there are five weeks.
- 7.2.15.2 CONTRACTOR shall document all services, and attempts to provide services, in the case records.
  - <u>NOTE</u>: For a description of Excused and Unexcused Absences, refer to Sub-sections 7.2.17, and 7.2.18, of this SOW.
- 7.2.15.3 CONTRACTOR may provide Supplemental Services for DCFS/Probation FP cases, as described in Sub-section 7.2.19, of this SOW.
- 7.2.15.4 DCFS/Probation FP cases may receive Linkages, as described in Attachment P, in the Sample Contract.

- 7.2.15.5 CONTRACTOR may purchase goods and services for DCFS/Probation FP cases through auxiliary funds.
- 7.2.15.6 DCFS/Probation Monthly Progress Reports shall be recorded on MCPC Service Plan/Monthly Progress Report, Exhibit A-14, as described in Section 8.0 - Reports and Record Keeping, of this SOW.

### 7.2.16 Therapeutic Day Treatment (TDT) - Probation Cases

The primary case management focus for Probation TDT cases will be education advocacy, enrollment, academic performance, credit recovery, and school behavior.

- 7.2.16.1 CONTRACTOR shall provide TDT services for Probation Youth as approved by the MCPC. Services shall be provided at least seven hours per day, five days per week and shall include, but are not limited to: 1) formal education in a non-public school six hours per day, which includes therapeutic recreation; 2) one hour of group counseling per day; 3) at least one hour of individual counseling per week; 4) at least 50 minutes of inhome case management with the family per month; and 5) other services as determined by the MCPC. Transportation and meals shall be provided, and attendance and activities documented.
- 7.2.16.2 TDT services may be provided for six months and may be extended for an additional three months, up to two times with approval from the COUNTY Probation Department, Supervising Deputy Probation Officer (SDPO).

#### 7.2.17 Excused Absences – DCFS/Probation FP Cases

An absence is considered excused when the CONTRACTOR has been notified 24 hours or more, in advance of a scheduled visit. In addition, a CONTRACTOR may consider an absence excused if given less than 24 hours notice if the absence is due to documented unforeseeable circumstances, such as family illness, however CONTRACTOR will still be responsible for contacting the assigned CSW, or if CSW is unavailable, the SCSW to obtain approval of excused IHOC visits.

7.2.17.1 The CPD or CONTRACTOR's Clinical Director, after consulting with the case carrying CSW/DPO, may approve one or more family members' absence for one or more IHOC sessions. CONTRACTOR shall fax confirmation to the case carrying CSW/DPO of this decision. If the CSW/DPO is not available to consult with the CONTRACTOR, the CONTRACTOR may excuse absences for IHOC sessions, so long as the CSW/DPO is contacted within 24 hours of the excused absence.

CONTRACTOR shall fax the Unexcused/Excused Absence Alert Form, Exhibit A-20, to the case-carrying CSW/DPO and ensure receipt of signature from the SCSW/SDPO, as required.

- 7.2.17.2 If <u>all family members</u> are excused from more than two consecutive base rate IHOC sessions, the case may be closed upon consultation with CONTRACTOR and case carrying CSW/DPO. The case may be re-opened when the family becomes available. The case carrying CSW/DPO must re-refer the family to the FP Program.
- 7.2.17.3 CONTRACTOR may approve absences for services other than IHOC sessions without consulting with the COUNTY and shall document the reasons for excused absences in the family's case record and in the Monthly Progress Reports to the CSW.

#### 7.2.18 Unexcused Absences

An absence is considered unexcused when the CONTRACTOR had a scheduled visit with the family and one or more of the family members were not present at that scheduled meeting.

- 7.2.18.1 ARS Cases: CONTRACTOR must terminate any referral where all family members have more than two consecutive or three total unexcused absences from IHOC sessions.
- 7.2.18.2 Open DCFS/Probation FP Cases: CONTRACTOR shall, within 24 hours of the scheduled session, telephone the case carrying CSW/DPO regarding any unexcused absence and fax the completed Unexcused/Excused Absence Alert Form, Exhibit A-20, to the case carrying CSW/DPO. CONTRACTOR shall still ensure that the required number of base rate IHOC sessions and/or child follow-up observations is provided despite any unexcused absences.
- 7.2.18.3 CONTRACTOR shall document all efforts to visit the family, including documentation of attempted visits to the family home on the Initial Attempted Contact Form, Exhibit A-11. CONTRACTOR shall also document subsequent telephone calls to the family and case carrying CSW/DPO and telephone calls received and document these efforts on the Unexcused/Excused Absence Alert Form, Exhibit A-20. CONTRACTOR shall leave an Attempted Contact Letter, Exhibit A-10, at the residence.
- 7.2.18.4 In the event of a second unexcused absence, CONTRACTOR shall contact the case carrying CSW/DPO by telephone, fill out, and fax the Unexcused/Excused Absence Alert Form, Exhibit A-

- 20. If there is no response from the COUNTY within 24 hours, the CONTRACTOR shall telephone and fax the Unexcused / Excused Absence Alert Form to the case carrying SCSW or the case carrying SDPO.
- 7.2.18.5 If an unexcused absence occurs after business hours, or on a COUNTY holiday or weekend, and CONTRACTOR has sufficient reason to believe that a child is at risk, CONTRACTOR shall immediately contact the Child Protection Hotline at 1-800-540-4000 to report CONTRACTOR's concerns.
- 7.2.18.6 If all family members have an unexcused absence from more than two consecutive base rate IHOC sessions, the case must be closed. The case may be re-opened when the family becomes available. The case carrying CSW/DPO must re-refer the family to the FP Program.

### 7.2.19 Supplemental Services

CONTRACTOR shall provide supplemental services on a case-by-case basis, directly or through a Subcontractor.

- 7.2.19.1 All services, including IHOC, and attempts to provide services, shall be documented in the case records.
- 7.2.19.2 CONTRACTOR shall ensure all supplemental services are referred within three business days or less after the services have been deemed necessary by the MCPC or prior to the MCPC for IFP services. CONTRACTOR shall ensure supplemental services are provided within 30 days of being referred for non IFP cases. CONTRACTOR must ensure supplemental IHOC and T&D services are delivered within three business days or less after the services have been deemed necessary for IFP cases.

#### 7.2.19.3 Supplemental Services include, but are not limited to:

1. In-Home Outreach Counselor (IHOC) Sessions:

Supplemental IHOC sessions are additional case-related face-to-face meetings between the IHOC and the MCPC Service Plan Agreement participants. IHOC sessions must provide case management services, crisis intervention, as well as linkage services and advocacy. In collaboration with the family and DCFS staff, the IHOC conducts psychosocial assessments, develops comprehensive treatment plans, and arranges for services and activities while monitoring the clients' progress toward a court ordered and non-court ordered treatment/case plan goals.

# 2. Counseling:

Face-to-face meetings/interventions by a counselor with an individual, couple, family or group to: 1) help identify and assist in solving family problems; 2) identify substance abuse and refer for treatment; 3) address and treat domestic violence or anger management issues; and 4) help identify personal, vocational and educational goals. The IHOC shall not provide counseling to MCPC Service Plan participants assigned to their caseload. These services must be provided by 1) a Licensed Clinical Social Worker (LCSW) with a current license from the California Board of Behavioral Sciences; or 2) a Licensed Marriage and Family Therapist (LMFT) with a current license from the California Board of Behavioral Sciences; or 3) a licensed Psychologist with a current license from the California Board of Psychology; or 4) a Master's/Doctoral level registered Intern under Clinical Supervision by a LCSW, LMFT, or licensed Psychologist. All counseling shall be documented on Counseling Notes, Exhibit A-19, including the client's progress towards ARS / FP MCPC Service Plan Agreement goals.

CONTRACTOR shall invoice per family for all family members participating in counseling at the same time. Counseling must be billed by the hour for the counselor's time. If it is a conjoint family or group counseling session, the CONTRACTOR shall bill per family, not per family member.

Billing for documentation and preparation is not allowed.

#### 3. Child Focused Activities:

Age appropriate activities designed to enhance a child's growth and development. The activities must be provided at the same time the parent(s)/caregiver(s) are receiving services. Activities must be related to the ARS/FP MCPC Service Plan Agreement goals and interaction between the child and staff providing Child Focused Activities is required. Child Focused Activities may be provided up to a maximum of eight children per session, per staff member.

CONTRACTOR shall invoice per family for all children participating in a particular child focused activity at the same time. CONTRACTOR may invoice individually if the children in a family participate in separate activities. Documentation of Child Focused Activities on Supplemental Service

Progress Notes, Exhibit A-18, must clearly define the nature of the separate activities.

# 4. Child Follow-Up Visits:

CONTRACTOR shall ensure that IHOCs make a subsequent visit, prior to the next IHOC visit or within five calendar days, whichever is shorter, whenever a child(ren) is absent during the IHOC session. Child follow-up visits must be at least 15 minutes in length. Child follow-up visits shall be documented on Progress Notes, Exhibit A-17.

# 5. Drug Testing:

This service involves drug testing of urine samples for parents or primary caregivers whose drug use/abuse has negatively impacted their parental capacity to care for their children.

# 6. Emergency Housing:

CONTRACTOR shall arrange temporary housing for a family for a maximum of fourteen consecutive days. Any family needing additional time requires pre-approval by the COUNTY designee.

# 7. Parenting Training Services / Fatherhood Program:

Services that support and enhance parenting skills through training in areas such as: 1) anger management; 2) impulse control; 3) child development; and 4) alternative discipline. Parenting Training services shall be documented on Counseling Notes, Exhibit A-19, including the client's progress towards ARS/FP MCPC Service Plan Agreement goals. At minimum, staff providing parenting training service/fatherhood program must be a credentialed instructor.

#### 8. Substance Abuse Assessment and Treatment:

CONTRACTOR shall arrange alcohol and other drug treatment recovery services for eligible clients during the term of the Contract. CONTRACTOR shall ensure that services State of are provided by а California licensed/certified substance abuse treatment center that accesses Medi-Cal and CAL-Works programs and private insurance, or a Subcontractor with a licensed (residential), certified (outpatient), or Community Assessment Services

Center provider. The COUNTY funds available for these services are for indigent families only.

#### 9. Substitute Adult Role Model Services (SARM):

CONTRACTOR shall arrange services in which trained and supervised adult mentors are paired with children and youth to: 1) foster positive behavior through the mentor's example; and 2) broaden the children's recreational, social, and educational dreams through shared experiences. SARM shall be provided up to a maximum of four children per session, per mentor.

NOTE: If CONTRACTOR has group mentorship programs with a ratio greater than four children per mentor, the CONTRACTOR may submit a proposal to the COUNTY designee for consideration.

CONTRACTOR shall invoice, per family, for all children participating in a particular SARM activity at the same time. CONTRACTOR may invoice individually if the children in a family participate in separate activities. SARM shall be documented on Supplemental Service Progress Notes, Exhibit A-18, including the client's progress towards ARS / FP MCPC Service Plan Agreement goals.

# 10. Teaching and Demonstrating (T&D) Homemaking Services: (This is a required service for IFP)

CONTRACTOR shall arrange services in which a T&D worker demonstrates and teaches primary caregivers the skills to successfully manage and maintain a home including, but not limited to, home safety, cleanliness, meal planning, and budgeting. T&D Homemaking services shall be documented on Supplemental Service Progress Notes, Exhibit A-18, including the client's progress towards ARS / FP MCPC Service Plan Agreement goals.

# 11. Transportation Services:

CONTRACTOR shall provide or arrange transportation services through their community partners for families to a specific service site by means of bus fare/pass, passenger vanpool, or private vendor if no other means of transportation is available.

CONTRACTOR shall invoice, per family, for all family members transported to the same location or activity. CONTRACTOR may invoice individually if family members

are being transported to different locations or activities by the same transporter. CONTRACTOR may invoice for all wait times (at the location), between transporting families from one location or activity to another location or activity.

CONTRACTOR shall document transportation services in the case record. CONTRACTOR shall document all the names of all participants who receive transportation services utilizing Exhibit A-32, Transportation Log (or similar form that captures the same information).

#### 12. Deaf / Interpretive Services:

CONTRACTOR shall purchase and be reimbursed for deaf/interpretive services. CONTRACTOR shall submit an expense claim for reimbursement. CONTRACTOR shall be responsible for providing all necessary documentation for the purchase and reimbursement of deaf/interpretive services.

#### 7.2.20 Auxiliary Good and Services / Items

CONTRACTOR shall arrange for the purchase of DCFS and COUNTY Probation Department approved items from the Auxiliary Funds, according to the procedures set forth in Auxiliary Fund Procedures, Exhibit A-21.

Auxiliary fund services/items, which may be purchased only by DCFS/Probation include, but are not limited to, furniture, beds, sofa beds, mattresses, cribs, chest of drawers, sofas and dining tables, and appliances such as stoves and refrigerators, and items/services needed to serve medically fragile and deaf client(s).

#### 8.0 REPORTS AND RECORD KEEPING

CONTRACTOR must use the appropriate forms in the Exhibits attached to this Contract, exactly in the format they appear, or any designated form(s) selected by DCFS. DCFS reserves the right to revise and/or replace any Exhibit form during the Contract period.

CONTRACTOR is responsible for maintaining closed case records for all services provided through Family Preservation Services, for five years after each fiscal year.

- 8.1 CONTRACTOR shall submit to DCFS a monthly service report for the previous month indicating the work and activities performed. The report shall include:
  - 8.1.1 Monthly Staffing and Expenditure Report (MSER) (Exhibit A-27), and
  - 8.1.2 Monthly Referral Log (Exhibit A-7).

The report shall be attached to the monthly billing invoice and transmitted by email to the assigned Family Preservation Contract Monitor, and the original report mailed or hand-delivered no later than the 30<sup>th</sup> calendar day of the following month to the following address:

DCFS' Fiscal Operations Division 425 Shatto Place, Room 204 Los Angeles, California 90020

- 8.2 CONTRACTOR shall maintain and make available to CPM upon request all program and client records, and verification of meetings held or attended as follows:
  - 8.2.1 Linkages to contracted and non contracted community providers
  - 8.2.2 Individualized Family Service Plan
  - 8.2.3 Discretionary Fund Payment Request (Exhibit A-26)
  - 8.2.4 Emergency Auxiliary Goods and Services (Exhibit A-22).
  - 8.2.5 <u>Community Advisory Council (CAC)</u>: CONTRACTOR shall hold CAC meetings quarterly to discuss and review community services.
  - 8.2.6 <u>Subcontractor/Network Meetings</u>: CONTRACTOR shall hold Subcontractor/Network meetings to discuss and review their services. These meetings can be combined with the CAC meetings.
  - 8.2.7 <u>General Staff Meetings</u>: CONTRACTOR shall attend the General Staff meetings quarterly in their Regional Office area upon the CPM's request.
  - 8.2.8 <u>Roundtable Meetings</u>: CONTRACTOR shall attend all FP Roundtable meetings scheduled by the COUNTY.
  - 8.2.9 <u>Task Force Meetings</u>: CONTRACTOR shall attend Task Force Meetings with the other agencies providing Family Preservation services in their regional office area on a monthly basis.
  - 8.2.10 <u>Supervision Records</u>: All records pertaining to the supervision of staff in providing Family Preservation services, including but not limited to, supervision logs, agendas, and documentation of issues discussed in supervision.
  - 8.2.11 Case Records: All documentation as outlined in section 8.4.

#### 8.3 MONTHLY LOGS

8.3.1 CONTRACTOR shall be responsible for retaining records of assessments on the ERCP Screening Outcome Report, Exhibit A-5, and Regional Office Screening Outcome Report, Exhibit A-6, which must also include their Monthly Referral Log, Exhibit A-7, of which the CONTRACTOR shall

submit to the COUNTY designee, no later than the 30<sup>th</sup> calendar day of each month. These monthly logs must also be e-mailed to the CONTRACTOR's Program Monitor by the 30<sup>th</sup> calendar day of each month.

#### 8.4 CASE RECORDS

8.4.1 CONTRACTOR shall maintain case records on each client and family served. Case records shall include, but not be limited to Family Centered Service Request – Service Authorization-Form 800 (Exhibit A-1), Consent to Release and Exchange Information-Form 802 (Exhibit A-2), Prospective Authorization & Utilization Review (PAUR) Referral for Community Based Services (Exhibit A-4), MCPC/Case Plan/Confidentiality Declaration/ Service Agreement (Exhibit A-13), Progress Notes (Exhibit A-17), Family Assessment Form, Unexcused/Excused Absence Alert Form (Exhibit A-20), Probation FP Auxiliary Fund Authorization (Exhibit A-24), family specific MCPC Service Plan/Monthly Progress Report (Exhibit A-14), and any other documentation as necessary.

# 8.4.2 <u>Emergency Response Referrals (Up Front Assessments) – Command Post</u>

8.4.2.1 CONTRACTOR shall ensure that the completed, approved, and signed report is submitted to the COUNTY designee no later than 24 hours after the assessment has been completed. CONTRACTOR shall not e-mail the report due to confidentiality guidelines. The report must clearly provide the clinician's or registered intern's assessment of parental strengths and challenges, and must include recommended linkage services. Attachment P, Linkages, in the Sample Contract describes the linkages and the processes to meet identified needs consistent with DCFS Core Practice Model, Exhibit A-9. The report must clearly document the FP Assessor's arrival and departure time in the heading of the report. The report is due on the 10<sup>th</sup> day of every month. CONTRACTOR shall maintain documentation of submission to DCFS.

#### 8.4.3 Emergency Response Referrals – Regional Office

8.4.3.1 CONTRACTOR shall ensure that the completed, approved, and signed report is submitted to the COUNTY designee no later than three business days after the assessment has been completed. CONTRACTOR shall not e-mail the report due to confidentiality guidelines. The report must clearly provide the clinician or registered intern's assessment of parental strengths and challenges, and must include recommended services and resources to address any identified service needs consistent with DCFS Core Practice Model, Exhibit A-9. The report must clearly document the FP Assessor's arrival and departure time

in the heading of the report. The report is due on the 10<sup>th</sup> day of every month. CONTRACTOR shall maintain documentation of submission to DCFS.

- 8.4.4 CONTRACTOR is responsible for maintaining a copy of Family Centered Service Request Service Authorization-Form 800 (Exhibit A-1), Consent to Release and Exchange Information-Form 802 (Exhibit A-2), and PAUR Referral for Community Based Services (Exhibit A-4), in the case record for every family served.
  - 8.4.4.1 For Probation referrals, CONTRACTOR shall notify the COUNTY's Probation Department Program Manager, or designee, prior to terminating services at the end of the service period authorized on the most current PAUR Referral for Community Based Services (Exhibit A-4). CONTRACTOR shall only provide services for the periods indicated on the Family Centered Service Request Service Authorization-Form 800 (Exhibit A-1), and PAUR Referral for Community Based Services (Exhibit A-4).
- 8.4.5 CONTRACTOR shall utilize the serial number and/or child identification number designated by DCFS/Probation for identifying each referred family and case record.
- 8.4.6 CONTRACTOR shall maintain records of all efforts made to obtain assistance for referred families.
- 8.4.7 CONTRACTOR shall document and maintain in its case record, all of CONTRACTOR's notes, records and any needed approvals for services provided. All services provided shall be documented on Progress Notes, Exhibit A-17.
- 8.4.8 CONTRACTOR shall maintain documentation in the CONTRACTOR's family case record of the date and time the referrals and request for Emergency Response services were received, and the date and time the CONTRACTOR responded.

#### 8.5 TRANSFER OF CASE RECORDS

Prior to Contract termination or non-renewal of Contract, CONTRACTORS shall, at no additional cost to COUNTY, cooperate in transitioning active cases which are to new CONTRACTORS, including providing all original case files and electronic records. CONTRACTOR shall keep copies of all transferred cases for their own records. The transitional plan shall be made in consultation with the COUNTY Program Manager at least one month in advance of the Contract termination or as soon as possible in the event of non-renewal.

8.5.1 At the start of a new Contract, CONTRACTOR shall accept transitioned cases from prior CONTRACTORS. The new CONTRACTOR shall submit

a plan of coverage to the CPM for the transitioned cases within 30 days of the start of the new Contract or within 30 days of receipt of transitioned cases from the prior CONTRACTOR. The plan of coverage shall include (1) telephonic contact with the family within three weeks of the 30 day transitional period, (2) a face to face contact with the family within five business days from the telephonic contact, and (3) an initial case plan for the family within 30 days from the initial face-to-face contact with the family.

#### 8.6 MONTHLY PROGRESS REPORTS

The monthly progress reports, for each type of case, must be completed by the IHOC and reviewed, approved, and signed by the CONTRACTOR's Clinical Supervisor/Director. For each different report, the CONTRACTOR's monthly progress reports will have the following requirements:

# 8.6.1 ARS Cases

- 8.6.1.1 Prepare and submit to the COUNTY designee, upon request, a MCPC Service Plan/Monthly Progress Report, Exhibit A-14, for each referred family, by the 15<sup>th</sup> day of the following month (e.g., May reports are due by June 15). The reports must reflect the progress towards the ARS MCPC Service Plan Agreement goals.
- 8.6.1.2 Maintain the original of each report and support documentation in the CONTRACTOR's case record. The date of fax, mailing, or delivery must be documented in the case record.

# 8.6.2 FP Intervention Cases

- 8.6.2.1 Prepare and submit to the COUNTY designee, MCPC Service Plan/Monthly Progress Report, Exhibit A-14, for each referred family, by the 15<sup>th</sup> day of the following month (*e.g., May reports are due by June 15*). The reports must reflect the progress towards the MCPC Service Plan Agreement goals.
- 8.6.2.2 The TDT provider shall adhere to the monthly reporting requirements of the CONTRACTOR, which includes providing the MCPC Service Plan/Monthly Progress Report, Exhibit A-14, to the DPO to include, but not be limited to information regarding: 1) in-home case management visits; 2) other services as determined by the MCPC; 3) education advocacy; 4) school enrollment; 5) academic performance; 6) credit recovery; 7) school behavior; and 8) progress towards treatment goals.

8.6.2.3 Maintain the original of each report and support documentation in the CONTRACTOR's case record. The date of fax, mailing, or delivery must be documented in the case record.

#### 8.7 ARS AND FP INTERVENTION MCPC CASE PLANS

- 8.7.1 Consistent with DCFS Core Practice Model, Exhibit A-9, CONTRACTOR shall, at 75-day intervals, conduct ongoing reviews and documentation of the family's progress toward achieving their goals as identified in their written case plan. CONTRACTOR shall ensure that each individual and family case record includes all of the following:
  - 8.7.1.1 Verification of County of Los Angeles residency;
  - 8.7.1.2 Consistent with the DCFS Core Practice Model, an adult, child, and/or Family Assessment Form shall be completed, which includes the date and signature of staff conducting the assessment;
  - 8.7.1.3 The Family Functioning Assessment shall include an assessment of the Strengthening Families: A Protective Factors Framework, Attachment Q, in the Sample Contract (Source material: Center for Study of Social Policy (CSSP) at: www.strengtheningfamlies.net or www.cssp.org);
  - 8.7.1.4 Consistent with the DCFS Core Practice Model, the CONTRACTOR shall engage the individual and/or family in the case planning process to develop a case plan which meets the individual needs for each child and family;
  - 8.7.1.5 The case plan shall address the protective factor(s) as determined by the individual/family assessment to need strengthening;
  - 8.7.1.6 The case plan shall include each client's signature noting their acceptance of the case plan; and
  - 8.7.1.7 Documentation of all services provided to the client(s) through prevention and intervention services including dates, start and end time of service, type of contact, description of what occurred during the contact, and signature of the person providing the service.
- 8.7.2 CPM reserves the right to request from CONTRACTOR additional reports as needed throughout the contracting period.

#### 9.0 STAFFING

- 9.1 CONTRACTOR shall ensure that the following staff and volunteer requirements are met, which must also be met by all staff of Subcontractors performing services under this Contract.
  - 9.1.1 <u>Criminal Clearances</u>: CONTRACTOR shall ensure that criminal clearances with subsequent arrest notification and background checks have been conducted for all CONTRACTOR's staff and volunteers as well as all Subcontractors' staff, prior to beginning and continuing work under any resulting Contract. The cost of such criminal clearances and background checks is the responsibility of the CONTRACTOR and Subcontractors, whether or not the staff member passes or fails the background and criminal clearance investigations.
  - 9.1.2 <u>Language Ability</u>: CONTRACTOR's personnel, as well as all Subcontractor staff who are performing services under this Contract, shall be able to read, write, speak, and understand English in order to conduct business with the COUNTY or DCFS. In addition to having competency in English, the CONTRACTOR shall ensure there is a sufficient number of bilingual staff to meet the language needs of the community served, including the various Asian and Pacific Islander languages; which will be serviced countywide by an awarded CONTRACTOR.
  - 9.1.3 <u>Service Delivery</u>: CONTRACTOR shall ensure all professional and paraprofessional staff and volunteers providing program services are able to provide services in a manner that effectively responds to differences in cultural beliefs, behaviors and learning, and communication styles within the community CONTRACTOR proposes to provide services.
  - 9.1.4 <u>Driver's License</u>: CONTRACTOR shall maintain copies of current driver's licenses, including current copies of proof of auto insurance of staff providing transportation to clients.
  - 9.1.5 <u>Driving Record</u>: CONTRACTOR shall maintain copies of driver's Department of Motor Vehicles (DMV) printouts for all CONTRACTOR's drivers providing service under this Contract. Reports shall be available to the CPM on request. COUNTY reserves the rights to request a DMV check on CONTRACTOR's and Subcontractor's drivers once a year.
- 9.2 CONTRACTOR shall be responsible for securing and maintaining staff who meet the minimum qualifications below and who possess sufficient experience and expertise required to provide services in this SOW. CONTRACTOR shall be responsible to ensure staff are allotted sufficient time to complete their identified tasks and available to CPM, if applicable. CONTRACTOR shall obtain written verification for staff with foreign degrees that the degrees are recognized as meeting established standards and requirements of an accrediting agency recognized by the U.S. Department of Education. Any foreign degrees or qualifications will need to be evaluated through a Credential Evaluation Service

provider at the agency's cost. For licensure, staff will need to go through the state's licensing board relevant to their degree to ensure they meet the requirements. The agency and DCFS will determine on a case by case basis what will be accepted. CONTRACTOR shall ensure the same requirements are met with its Subcontractors.

- 9.2.1 <u>Case Aide</u>: A Case Aide shall be defined as CONTRACTOR paid staff who provides direct client services, but who do not possess, at minimum, a Bachelor's Degree in Social Work, Psychology, Marriage and Family Counseling, or a closely related field.
- 9.2.2 <u>Paraprofessional Staff</u>: Paraprofessional staff shall have, at minimum, a Bachelor's Degree in Social Work, Psychology, Marriage and Family Counseling, or a closely related field. CONTRACTOR shall ensure that all paraprofessional staff possess the expertise and experience necessary to provide direct client services as required in this SOW.
- 9.2.3 <u>Professional Staff</u>: Professional staff shall have, at minimum, a Bachelor's Degree in Social Work, Psychology, Marriage and Family Counseling or a closely related field, and have a minimum of one year of experience providing direct client services similar to the services listed in this SOW.
- 9.2.4 <u>Clinical Director</u>: The Clinical Director shall be one of the following: 1) a Licensed Clinical Social Worker (LCSW) with a current license from the California Board of Behavioral Sciences; or 2) a Licensed Marriage and Family Therapist (LMFT) with a current license from the California Board of Behavioral Sciences; or 3) a licensed Psychologist with a current license from the California Board of Psychology. The Clinical Director must also have a minimum of two years experience, during the last five years providing direct client services similar to the services listed in this SOW.
- 9.2.5 <u>Project Manager</u>: The Project Manager shall have, at minimum, a Bachelor's degree in the social services field and a minimum of two years social services experience within the past five years.
- 9.2.6 <u>Counselors</u>: The Counselors shall be one of the following: 1) a Licensed Clinical Social Worker (LCSW) with a current license from the California Board of Behavioral Sciences; or 2) a Licensed Marriage and Family Therapist (LMFT) with a current license from the California Board of Behavioral Sciences; or 3) a licensed Psychologist with a current license from the California Board of Psychology; or 4) a Master's/Doctoral level Registered Intern under Clinical Supervision by a LCSW, LMFT, or licensed Psychologist.
- 9.2.7 <u>County Designee</u>: An individual or group identified by the COUNTY as responsible to carry out the work as stated in this SOW to be determined at a later time. County Designee may change at the COUNTY's discretion.

- 9.2.8 <u>In-Home Outreach Counselors (IHOC)</u>: The In-Home Outreach Counselors (IHOC) shall be one of the following: 1) a LCSW with a current license from the California Board of Behavioral Sciences; or 2) a LMFT with a current license from the California Board of Behavioral Sciences; or 3) a Licensed Clinical Psychologist with a current license from the California Board of Psychology; or 4) a staff person with a Master's degree in a human services field who shall be directly supervised by a LCSW or LMFT.
  - 9.2.8.1 CONTRACTOR may submit a request for a waiver, to be approved by the CPM, to allow CONTRACTOR's staff person with a Bachelor's degree in behavioral sciences or a related field and experience providing direct services in a social service agency, to provide IHOC in lieu of a Master's degree. A LCSW, LMFT, or licensed Psychologist shall directly supervise this staff person. The waiver request must include a copy of the staff person's current resume, degree and transcript. The duration of the waiver shall be at the discretion of the CPM. CONTRACTOR shall receive CPM's approval of the waiver prior to the identified staff persons' start of work. Services provided by non-approved staff may result in disallowable billing.
- 9.2.9 <u>Intern</u>: A student in a Bachelors or Masters program in the field of Social Work or related field being supervised by a professional staff.
- 9.2.10 <u>Registered Intern</u>: A student who holds a Masters degree in Social Work or related field under the supervision of a Licensed Clinical Social Worker (LCSW) or Licensed Marriage and Family Therapist (LMFT) or Licensed Psychologist AND registered with the Licensing Board applicable to the field of study.
- 9.2.11 <u>Teaching and Demonstrating (T&D) Staff</u>: Teaching and Demonstrating (T&D) Staff shall be one of the following: 1) a Case Aide or 2) an Intern.
- 9.3 STAFF TRAINING, RECORDS AND REPORTING
  - 9.3.1 CONTRACTOR shall train all professional and paraprofessional staff, registered interns and volunteers providing program services within 30 business days from their start date. This training shall consist of a minimum of 40 hours to include: 1) identifying child safety issues (including Domestic violence, Substance Abuse and Mental Health Issues); 2) instructing staff and volunteers in mandated reporting requirements; 3) working with families affected by abuse and neglect; 4) learning methods of identifying and building family strengths; 5) helping parents build on their own skills and confidence; 6) promoting positive parent-child and family interaction; 7) learning record keeping procedures and accurate completion of the Family Assessment Form; 8) linking

- families to community services and resources and 9) role and participation in the MCPC process.
- 9.3.2 CONTRACTOR shall ensure all registered interns, paraprofessional staff, volunteers, and Subcontractors' staff providing program services receives regular, ongoing in-service training and supervision. CONTRACTOR's staff shall receive a minimum of four hours of training each quarter of the Contract term. CONTRACTOR shall conduct weekly supervision reviews with all professional staff, paraprofessional staff, registered interns, mentors, and volunteers, and shall ensure that Subcontractors' meet the same requirement.
- 9.3.3 All CONTRACTOR's shall attend a mandatory orientation that shall be provided by COUNTY within 30 days of the Contract start date. CONTRACTOR shall be notified at least two weeks in advance of the date, time and location of the Orientation. CONTRACTOR shall ensure that all Subcontractors attend this mandatory Orientation as well.
- 9.3.4 CONTRACTOR shall inform the CPM, as soon as information becomes available, either by telephone, electronically or in-person, of any serious FP child or family incident or fatality. CONTRACTOR shall deliver to the CPM copies of all FP related records within 24 hours.

## 10.0 QUALITY ASSURANCE PLAN (QAP) AND MONITORING

Tracking and Adapting are critical components of the DCFS Core Practice Model, Exhibit A-9. Consistent with the DCFS Core Practice Model, the CONTRACTOR shall establish and maintain a Quality Assurance Plan (QAP) to assure the requirements of the Contract are met.

- 10.1 CONTRACTOR shall submit a draft QAP for evaluation to demonstrate how all of the requirements of the Contract will be met. A finalized copy of the plan shall be provided to the CPM within 30 days of the Contract start date and as changes occur.
- 10.2 The original QAP and any revisions thereto shall include, but not be limited to the following:
  - 10.2.1 A description of how the CONTRACTOR's service delivery model components align with the Strengthening Families: A Protective Factors Framework, Attachment Q (Source material: Center for Study of Social Policy (CSSP) at: <a href="www.strengtheningfamlies.net">www.strengtheningfamlies.net</a> or <a href="www.cssp.org">www.cssp.org</a>), which includes parental resilience, social connections, knowledge of parenting and child development, concrete support in times of need and social and emotional competency of children and youth.
  - 10.2.2 A description of how the protective factors framework outcomes will be measured.

- 10.2.3 A description of how racial disproportionality will be addressed.
- 10.2.4 A description of how the CONTRACTOR's service delivery model will align with the DCFS Core Practice Model, which includes engaging, teaming, assessment and understanding, planning and intervening, and tracking and adapting.
- 10.2.5 Methods used to ensure that the quality of service performed fully meets the performance requirements set forth in this SOW. CONTRACTOR shall include methods for identifying and preventing deficiencies in the quality of services performed before the level of performance becomes unacceptable.
- 10.2.6 Methods for ensuring uninterrupted service to DCFS in the event of a strike by CONTRACTOR's employees or any other potential disruption in service.
- 10.3 CONTRACTOR shall not utilize any employee or Subcontracted Network Partner whose work has been deemed deficient and unacceptable by DCFS.
- 10.4 A record of all inspections conducted by the CONTRACTOR, any corrective action taken, the time a problem was first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action, shall be provided to the COUNTY, upon request.
- 10.5 CONTRACTOR and CPM shall review the QAP annually and revise, if needed.
- 10.6 QUALITY ASSURANCE MONITORING

The CPM, or other personnel authorized by DCFS, will monitor and evaluate CONTRACTOR's performance under this Contract using the quality assurance procedures specified in this SOW. All monitoring will be conducted in accordance with Part II, DCFS's QAP, in the Sample Contract.

- 10.6.1 CONTRACTOR shall be subject to a program review by DCFS, at a minimum of once per year, for the period of the Contract. CONTRACTOR shall make available to DCFS, upon request, the following records for review:
  - 10.6.1.1 Personnel records, pertaining to current paid and volunteer staff,
  - 10.6.1.2 Client case records, and
  - 10.6.1.3 Financial records
- 10.6.2 If CONTRACTOR performance requirements are not met, the CPM may call CONTRACTOR, and/ or send CONTRACTOR a User Complaint Report (UCR), Attachment M. CONTRACTOR shall respond to a call

- within one hour and respond to a UCR within 24 hours of receipt. All performance requirement issues will be reported to the CPM.
- 10.6.3 CONTRACTOR shall submit a Corrective Action Plan (CAP) for any areas found to be deficient as a result of the technical review, including billing deficiencies, within 45 calendar days of the receipt of the Technical Review Findings.
- 10.6.4 CONTRACTOR shall fully cooperate with and participate in both the development and implementation of any proposed Quality Service Review (QSR). The CPM will review and have the final approval authority over the QSR component and its implementation process.

#### 11.0 GREEN INITIATIVES

- 11.1 CONTRACTOR shall use reasonable efforts to initiate "green" practices for environmental and energy conservation benefits.
- 11.2 CONTRACTOR shall notify COUNTY's Project Manager of CONTRACTOR's new green initiatives prior to the Contract commencement.

#### 12.0 PERFORMANCE OUTCOME SUMMARY

CONTRACTOR shall adhere to the measures established in Sections D and E of this SOW.

## **SECTION D - Performance Outcome Measures**

**Assessment Services** 

## **SERVICE CATEGORY TARGET GROUP**

The target population is children and families who are in need of services to prevent future child maltreatment and/or DCFS involvement.

DCFS OUTCOME	OUTCOME INDICATOR	PERFORMANCE TARGET	DATA COLLECTION AND MONITORING METHOD
Goal: SAFETY  Decreased occurrences of child	Of all DCFS referred families within 6-12 months of concluding Screening Services where the family was diverted to Voluntary Services or the referral was closed, the:		
abuse/neglect	Percentage of families involved in a subsequent substantiated child abuse and/or neglect referral	1. Shall not exceed 25%	1. CWS/CMS, Monthly Reports
	2. Percentage of families with a subsequent substantiated child abuse and/or referral resulting in a case opening	2. Shall not exceed 50%	2. CWS/CMS, Monthly Reports
	3. Percentage of child(ren) removed from parent(s) and placed in out-of-home care due to a substantiated subsequent referral	3. Shall not exceed 50%	3. CWS/CMS, Monthly Reports
Goal: WELL- BEING	Of all the families with children in out-of-home care having received Screening services, the:		
	Percentage of families reunified	4. Shall exceed 60%	4. CWS/CMS, Monthly Reports
	Of all the families who received Screening Services, the:		
	Percentage of families with re-entries within 12 months of reunification	5. Shall not exceed 25%	58. CWS/CMS, Monthly Reports
	Of all DCFS referred parent(s)/caregiver(s) who received Screening Services, the:		
	6. Percentage of parent(s)/caregiver(s) with increased knowledge/development of protective factors	6. Shall exceed 80%	6. Screening report

## **SECTION E - Performance Outcome Measures**

Intervention Services

## SERVICE CATEGORY TARGET GROUP

The target population is children and families who are in need of services to prevent future child maltreatment and/or DCFS involvement.

DCFS OUTCOME	OUTCOME INDICATOR	PERFORMANCE TARGET	DATA COLLECTION AND MONITORING METHOD
Goal: SAFETY	Alternative Response Services (ARS)		
Decreased occurrences of child	Of all DCFS referred families while receiving ARS services, the:		
abuse/neglect	Percentage of families involved in subsequent substantiated child abuse and/or neglect referrals	1. Shall not exceed 25%	1. CWS/CMS, Monthly Reports
	Percentage of families with subsequent substantiated child abuse and/or neglect referrals resulting in a case opening	2. Shall not exceed 50%	2. CWS/CMS, Monthly Reports
	Percentage of child(ren) removed from parent(s) and placed in out-of-home care due to subsequent case opening	3. Shall not exceed 50%	3. CWS/CMS, Monthly Reports
Goal: PERMANENCY Reduction in the number of	Family Preservation (FP)  Of all DCFS/Probation involved families while receiving FP Intervention services, the:		
children entering care	Percentage of families involved in subsequent substantiated child abuse and/or neglect referrals	1. Shall not exceed 25%	1. CWS/CMS, Monthly Reports
	2. Percentage of families with subsequent substantiated child abuse and/or neglect referrals resulting in a case opening	2. Shall not exceed 50%	2. CWS/CMS, Monthly Reports
	3. Percentage of child(ren) removed from parent(s) and placed in out-of-home care due to subsequent case opening	3. Shall not exceed 50%	3. CWS/CMS, Monthly Reports
Goal: WELL-	Of all families <u>receiving</u> FP services, the:		
BEING	4. Percentage of families reunified	4. Shall exceed 60%	4. CWS/CMS, Monthly Reports
	Of all families having received FP services, the:		
	5. Percentage of families with re-entries within 12 months of reunification	5. Shall not exceed 25%	5. CWS/CMS, Monthly Reports

# County of Los Angeles, Department of Children and Family Services Safe Children and Strong Families (SCSF) LIST OF EXHIBITS FOR FAMILY PRESERVATION SERVICES - EXHIBIT A

Exhibit A-1	Family Centered Service Request – Service Authorization (Form 800)
Exhibit A-2	Consent to Release and Exchange Information (Form 802)
Exhibit A-3	Intervention Services Intake Form
Exhibit A-4	PAUR Referral for Community Based Services
Exhibit A-5	ERCP Screening Outcome Report
Exhibit A-6	Regional Office Screening Outcome Report
Exhibit A-7	Monthly Referral Log
Exhibit A-8	Case Activity Log
Exhibit A-9	DCFS Core Practice Model
Exhibit A-10	Attempted Contact Letter
Exhibit A-11	Initial Attempted Contact Form
Exhibit A-12	Intentionally Omitted
Exhibit A-13	MCPC/Case Plan/Confidentiality Declaration/Service Agreement
Exhibit A-14	MCPC Service Plan/Monthly Progress Report
Exhibit A-15	Scheduling Deferment
Exhibit A-16	ARS/FP MCPC Service Plan Addendum
Exhibit A-17	Progress Notes
Exhibit A-18	Supplemental Service Progress Notes
Exhibit A-19	Counseling Notes
Exhibit A-20	Unexcused/Excused Absence Alert Form
Exhibit A-21	Auxiliary Fund Procedures
Exhibit A-22	Emergency Auxiliary Goods and Services
Exhibit A-23	FP Auxiliary Fund Authorization
Exhibit A-24	Probation FP Auxiliary Fund Authorization
Exhibit A-25	Expense Claim for Lead Agency Auxiliary Fund Reimbursement
Exhibit A-26	Discretionary Fund Payment Request
Exhibit A-27	Monthly Staffing and Expenditure Report
Exhibit A-28	Budget
Exhibit A-29	DMH Referral Form
Exhibit A-30	DMH Monthly Referral Report
Exhibit A-31	Monthly Referral Report for FP Lead Agency
Exhibit A-32	Transportation Log
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## FAMILY CENTERED SERVICE REQUEST - SERVICE AUTHORIZATION

## The Safety of a Child is our First Priority!

Page 1 of 2 A. ACTION (Check New Referral or Update Case) **New Referral** Request #: Request Date: ☐ FAMILY PRESERVATION (FP) ASSESSMENT SERVICES ☐ FAMILY PRESERVATION (FP) / INTERVENTION SERVICES ☐ Intervention Services (Non-FP) ☐ FP: DCFS & Probation □ IFP STATE ID / SERIAL #: Child's Last Name: First Name: CWS / CMS Case #: CWS / CMS Referral Family's Last Name: First Name: □ Update Case FP Case #: State Id / Serial #: □ EXTEND SERVICES ☐ Change (Indicate change in Sections C, D, or E) □ TERMINATE SERVICES **Termination Date:** Out of Agency: ☐ TRANSFER SERVICES B. SERVICE TYPE / ASSIGNMENT completed by the Community-Based Liaison (CBL)) Effective Date: Agency: Duration: ☐ 2 months ☐ 3 months ☐ 6 months SERVICE TYPE: Family □ Base Rate Transitional □ Other □ Other □ Other Preservation: Services ☐ ADD Agency (Complete Section C) REMOVE Agency (When Adding or Removing, provide the Agency Name and Effective Date) Assignment Correction Correcting effective dates, etc., and specifying instructions in the Comments section below) ☐ Correct Effective Date(s) Effective Date: Effective Date: Comments: PRIMARY CAREGIVER - CHANGE - ADD FAMILY LOCATION - REMOVE FAMILY LOCATION EFF. DATE: FIRST NAME ETHNICITY LAST NAME D.O.B LANGUAGE: □ ENGLISH □ SPANISH □ OTHER STATE ZIP CODE STREET CITY **ADDRESS** TELEPHONE NO. RELATIONSHIP TO CHILDREN OTHERS (adults in home) D. CASE INFORMATION ☐ CHANGE EFF. DATE: CASE FIRST NAME ETHNICITY D.O.B LANGUAGE □ ENGLISH ☐ SPANISH □ OTHER CSW LAST CSW FIRST CSW FILE NO. NAME NAME CSW FAX NO. CSW SPA OFFICE PHONE NO. SCSW LAST SCSW FIRST SCSW PHONE NAME NAME CBL LAST CBL FIRST CBL PHONE & NAME NAME FAX NO.

E. CHILD INFORMATION	ON	☐ CHAN	GE				EFF. DAT	ΓΕ:	_
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Referral Initiated By:	_					M(6			FM
☐ FR Court Status: ☐ None	_ P •	re-Adjudication	□ Post-Adj	☐ ADOPT	□ Post-Dispos		Legal Guardiansh	nip □ Adoption	
G. PLEASE DESCRIBE 1		-	-			$\langle \cdot \rangle$			
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H. PLEASE DESCRIBI	I HE FAMIL	SIKENG	LUS ICOU	ments a ma	aximum of 5	ouu chara	cters)		
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	$\wedge$	(6)//							
		{\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
I. PRELIMINARY ASSI	ESSMENT OF					O IN-HC	ME COUNS	SELING	
☐ Auxiliary Funds	101/05	_		ng Homemak			yment Training		
☐ Parent Self-Help	\ \ \ - \ /	☐ Substance		tment			Health Service	es .	
☐ Parent Training ☐ Transportation	1111	<ul><li>□ Child Care</li><li>□ Drug Testi</li></ul>				□ Educat	ll Education		
☐ Substitute Adult Role Mod		☐ Motel – Em	•	usina		•	ii Education		
☐ Health Care		☐ Counseling				-			
☐ Income Support Services		☐ Developme		•					
☐ Physical Development Ser		☐ Housing				□ Other			
J. □ GOALS or □ OUTCO	MES or   TERM	INATION NO	TES or D	ENIAL REA	SON (Cor	mments a	maximum of 50	00 characters)	
TERMINATION - Code	/ Reason for	Case Clos	ing (C	ode is used	in Section	A for a te	mination action	1)	
1 – Successful Family Preserv		5 – Case No	ever Activate	ed		9 - Su	itable Placeme	nt (Probation)	
2 – Successful Family Reunifi	cation	6 – Court Te	erminated So	ervices			ase Closed with	-	
3 – Family Moved from Area	2			ministrative F	Reasons		ase Created in I	Error	
4 – Family Refused Services/I	Oropped Out	8 – Child De	etained/Arres	sted		12 – A\	NOL uccessful ARS		
K. SIGNATURES						13 – 31	uccessiul ARS		
CSW SIGNATURE		DATE		CBL SIGNAT	TURE			DATE	
SCSW SIGNATURE		DATE		ARA/FP PRO	OGRAM MAN	AGER SIGN	IATURE	DATE	

## **CONSENT TO RELEASE AND EXCHANGE INFORMATION**

1. Case Name	2. Case Number
3. Parent's/Guardian's Names (if different from Case Name)	4. Date of Birth
5 Parent's/Guardian's Names (if different from Case Name)	6. Date of Birth
7. Name(s) of Children	8. Date(s) of Birth
1	
2	
3	
4	
5	<u> </u>
6	
9. CONSENT STATEMENT	
I/we understand that as a necessary part of my/our participation in the agencies involved must have access to records pertaining to my/our far. Department of Children and Family Services (DCFS) to release, disclose and my child(ren) listed above with a Community Based Agency and the but are not limited to: the Departments of Health Services, Mental Health Services	nily. Therefore, I/we give permission to the and/or exchange information about myself a participating agencies which may include, alth, Public Social Services and Education. ial, medical, developmental, psychological,
This signed consent form will remain in effect for the duration of my/our ra	inniy s participation in the FF program.
10. Signature of Parent(s) Guardian(s)	11. Date of Signature
12. CSW's Signature	13. Date of Signature
☐ FP	
Other	

## CONSENTIMIENTO PARA REVELAR Y CAMBIAR INFORMACIÓN

1. Nombre del Caso	2. Número del Caso
3. Nombre de Padre(s) / Madre(s) o Guardianes (Si es diferente al Nombre del Caso)	4. Fecha de Nacimiento
5. Nombre de Padre(s) / Madre(s) o Guardianes	6. Fecha de Nacimiento
7. Nombre(s) de Niño(s) y Niña(s)  1	8. Fecha(s) de Nacimiento
2	
3 4	
5	
9. DECLARACIÓN DE CONSENTIMIENTO PARA REVELAR INFORM	IACIÓN
Yo/nosotros entiendo/entendemos que cómo una parte necesaria de Programa Comunitarias, las agencias involucradas tienen que tener acc familia. Por lo tanto, yo/nosotros le damos nuestro permiso al Depart (DCFS) para revelar, divulgar, y/o intercambiar información sobre mencionados con la Agencia de Programa Comunitaria y las agencias palimitadas a los Departamentos de: Servicios de Salud, Salud Mental, S Este consentimiento incluye tanto la comunicación por escrito como la sociales, médicos, de desarrollo, psicológicos, educativos, de comparamiliares.  Este consentimiento firmado continuará vigente durante la participación de servicios de servicios de servicios de comparamiliares.	eso a los archivos pertinentes a mi/nuestra amento de Servicio para Niños y Familias ni persona y mi niño(s)/niña(s) los antes articipantes que pueden incluir, pero no son ervicios Sociales Públicos y de Educación. comunicación oral pertinente a los asuntos artimiento u otros asuntos individuales o
10. Firma de Padre(s) / Madre(s) o Guardianes	11. Fecha de Firma
12. Firma del Trabajador Social para Niños	13. Fecha de Firma
FP	
Otro	

## **INTERVENTION SERVICES INTAKE FORM**

Inquiry: N	lumber:	Name:		DCFS State ID:							
SERVICE TYPE/ASSIGNM	FNT						^				
CWS/CMS Case Start Date:		V/CMS Case End Date:		FS Crea	ate Da	nte:		FS Assi	gned Da	ate:	
Contact Date:	Con	tact Status:		Accepta	nce D	Date:			<u> </u>		
Service Start Date:	Age	ncy Number:		Case Te	ermina	ation date	•				
	-										
CWS/CMS Case Start Date:	CSV	V/CMS Case End Date:		FS Cı	reate	Date:		FS Assi	gned Da	ate:	
Contact Date:	Con	tact Status:		Accep	otance	e Date:					
Service Start Date:	Age	ncy Number:		Case	Term	ination da	ate:				
AGENCY ASSIGNMENT:											
Agency Name:		4									
rigorioy Harrio.											
PRIMARY CAREGIVER:											
Primary Caregiver Name	S	treet Address	С	ity/State/Z	Zip		Phon	e	Rela	ationship	
ADULTS TO BE ASSESSE	D:										
Last Name		First Name		DOB	3	R	elations	hip	(	Gender	
GAIN/CalWORKs:  OTHERS (Adults in Home		DER #:									
Last Name		First Name			ООВ		Rela	tionship		Gender	
								•			
REFERRAL INFORMATIO	N:										
FS Ref. Name		Ethnicity:				Langua	ige:				
CSW Name:		CSW File No:				DOB:	Ü				
CSW Phone:		CSW Fax:				SPA:					
SCSW Name:		SCSW Phone:				Office:					
CBL Name:		CBL Phone:				CBL Fa	ax:				
CHILD INFORMATION:											
Last Name		First Name		OOB	Re	elationship	)	Gender		Open DCFS	
OTHER INFORMATION:  Referral Being Made:		Initiated By:				1.	Court St	atue.			
Referral Being Made:		Initiated By:	50				Court St	aius.			

PRELIMI	INAR	Y ASS	SESSM	IENT (	OF SE	RVICE	S NEE	DED:																
Select:		Auxiliar	y Funds	3				Phys	ical Dev	elopme	ent Serv	/ices		☐ Developmental services										
		Parent	Self-Hel	lp				Teac	hing/De	monstr	ating H	lomema	aker	☐ Em	ployme	nt Traiı	ning Se	rvices						
		Parent	Training	)				Subs	stance A	buse T	reatme	nt		□ Но	using									
		Transp	ortation					<b>1</b> Child	l Care					□ Ме	ntal hea	ılth Ser	vices							
		Substitu	ute Adul	t Role I	Model			<b>1</b> Drug	Testing					☐ Education										
		Health	Care					<b>M</b> ote	Motel - Emergency Housing							☐ Special Education								
			_				_							☐ Health, Parenting & Other Educational										
			Suppor						nseling (					Pro.										
										ement/	_			Otl										
	☐ In House Outreach Counseling ☐									Suppor	t Group	<u> </u>		☐ Otl	ner									
SERVIC	ES P	ROVIE	DED BY	/ AGE	NCY:																			
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Name	<del>J</del>	EBS	From	То	ES	From	То	CM	From	То	SA	From	То	но	From	То	LK	From	То					
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Services I							ES-Em	nploym	ent Ser	vices; (	CM-Cas	se Mana	ageme	nt; SA-	Structur	ed Act	ivities;	HO-Hea	lth &					
Other Edu	ıcatio	nal Pro	grams; l	LK-Link	age Se	ervices																		
МЕМО:																								
Goals:																								
Outcome	ə <i>:</i>																							
Termina	tion N	lotes:																						
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PROBLE	- N.A./ A.	DEAG	OF CC	NICE	ON.																			
PROBLE	IVI/A	KEAS	OF CC	JNCE	XIV.																			
FAMILY	STR	ENGT	HS:																					
1																								

## LOS ANGELES COUNTY PROBATION DEPARTMENT PAUR REFERRAL FOR COMMUNITY BASED SERVICES

Return via email to PAUR@probation.lacounty.gov or fax (323) 357-3986

COUNTY OF LOS ANGELES - DEPARTMENT OF CHILDREN AND FAMILY SERVICES SAFE CHILDREN AND STRONG FAMILIES

	Youth	's Last Name		First Name M.I.			Tr	eatment Re	equested	
tion							-	oose Tre	eatmer	nt]
rma	Youth's Street Addr	ress (where s/he will res	ide)	City		Zip Code	е	Date of B	Birth	PDJ#
nfol										
Youth's Information	Next Court or Release Date	Social Security Number	(e.g	Current Status g. WIC 602 HOP/SP)	In	surance Provid	der			e Number / ber (if applicable)
<b>&gt;</b>			W	IC 602 / HOP						
				Motivational C	onsidera	tions				
	Age Gende		Race	Youth's Preferred for Service			ent's Prefe age for S			Gang Name if applicable)
	[Gend	ler]								
ors			11	Other Cons			Schoo	ol Name & A	Adross	Grade/
Factors	DCFS history	[No/Yes]		Mental Health Service	History [	No/Yes]		rrently enro		(H.S. Credits)
t E		e Placement History	,	Current and past mer	tal health	treatment				th
Sivi	`	es, Camps. DCFS Foster C	are)	and/or medication	n. Please	IIST.				th
pon	1.			1.		4				
Responsivity	2.			2.			Special	l Ed IE	P Date	AB3632
ш	3.			3.			Unkno	wn		Unknown
	Days/times fam	nily is available for in-ho	me sei	rvices Des	cribe any	services that y	outh is re	eceiving or	schedule	d to receive
	Bayo, times fair	iny io available for in the	110 001	1111003	oribo arry	ocivious triat y	outil is re	ociving of c	<u>Joi iodalo</u>	a to receive.
				<u> </u>						
	Parent / Guardian's	s Last Name, First (Re	ation t	to Youth)	Parent / G	uardian's Last	t Name, F	irst (Rela	tion to Yo	outh)
ıtior	(relatio					relation)				
rme	Home Phone Num	ber Cell P	hone N	Number	Home Pho	ne Number		Cell Pho	one Num	ber
Family Information	L'at the second DD	Managhan and add	- (	him of all others as a like a	to the best	b . l d 20b . db		A 11 l l	-1- 11	
nily		numbers, age and rei me, PDJ	ationsi Ag	hip of all others residing ge Relationship	in the not	isenoid with th Name		Attach she	ets if nec Ag	
Far										
	Briefly describe curre	ent behaviors, conflict, fa	nily dy	sfunction, mental health p	roblems, o	drug history, and	id school is	ssues leadir	ng to refer	ral:
gets										
reatment Ta										
ıtme										
Fres	LARRC date: LA		······································	the LARRC, determine	he crimin					
•	MDT date:	│ Low │ Moderate		linquent Behavior linquent Affiliations		Substance Ab Family Interact		_	Social Is	olation c Engagement
	MDT date.	High		linquent Orientation		Interpersonal			Self-Reg	
DPO	O of Record (Caselo	ad No). & Phone Num	ber	SDPO & Phone Numb	er		Are	a Office & F	Fax No.	Referral Date
	O First & Last N	, , , , , , , , , , , , , , , , , , ,		SDPO First & Las	t Name		Are	ea Office		
		. ,								

## LOS ANGELES COUNTY PROBATION DEPARTMENT PAUR REFERRAL FOR COMMUNITY BASED SERVICES

Return via email to PAUR@probation.lacounty.gov or fax (323) 357-3986

COUNTY OF LOS ANGELES - DEPARTMENT OF CHILDREN AND FAMILY SERVICES SAFE CHILDREN AND STRONG FAMILIES

	Analyst: Date:		Accepted by CBO / Staff Full Nam	e:
AUR USE	Referral: Approved Disapproved  FP FFT FFP MST SAPC GHAS PHOENIX  Lead Agency/Proposed Effective Date:	GENCY USE	Phone No:  Address:  Date Received:	Fax No:  Anticipated Start Date
ď	If Disapproved, Why? Alternative Solutions:	AG	Services to be offered:	Anticipated Start Date

Probation Form #1324 (Revised 7/14)

## **ERCP SCREENING OUTCOME REPORT**

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					L	1	Progr	am "	Гуре			Referral or (	Case Name		No. of		BSAP :	Screening mation	Pres	enting Probl	em(s)	Child(ren	) Detained				
														No. of Children	No. of BSAP assesment requested	No. of Hours		90000									
					or	M	VFR	5	or.	0	dop		500 M		Som Kinoskovini		Request Date	Written Report to DCFS (date rec'd)	Domestic	Mental Health	Substance Abuse	A177	- 23	- National	Carvar .		
01	Regional Office	FP Agency	Case No.	CWS/CMS No.	Ш	>	>	Œ	芷	ă .	ব	Last	First				Date	rec'd)	Violence	Health	Abuse	Yes	No	IHOC	T&D	Emergency Funds	Comments/Outcomes/L
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## REGIONAL OFFICE SCREENING OUTCOME REPORT

Safe Children and Stable Families

Ass	essment and Interv	ention Eshibit																									
			1	1								REGIONAL	OFFICE SCR	EENING OU	TCOME REP	ORT											
				H	Prog	gram T	уре	_	Referral or	Case Name	No. of		BSAP Screeni	ing Information			Assessmen					tendance	Place	Place check	Check if		
No.	Regional Office	Caise No.	CWS/CMS No.	œ	E 02	MH	ac a	dop	Last	First	Children	Client Assessed (names)	Request Date	Date Client Contact	Written Report to DCFS (date sent)	Domestic	Mental	Substance	Number of	Number of	Place Check it	Number of	Checkmark if Child(ren) Detained	mark if VFM services	Check if ARS services	Check if FP case opened	Comments/Outcome/Links
140.	Regional Onice	Case No.	CVV3/CM3 NO.	<u> </u>	2 2	L	u a	4	Lasi	Last		Client Assessed (names)	Nequesi Date	Completed	Sail)	VIOLETICE	rieaui	Abuse	Assessments	Hours	165	Hours	Detailled	SEINICES	оренел	opened	Comments
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FP AGENCY:

FP AGENCY CONTACT:

PHONE No.:

## **MONTHLY REFERRAL LOG**

Family Preservation

AGENCY _	/OFFICE:			DATE(Month/Yr)							
			Che	eck (	one		]				
REFERRAL DATE/ TIME	REFERRING OFFICE	CASE NAME/ CLIENTS NAME	Assessment	DCFS	Probation	Prim Lang	GAIN / M/C Eligible Y / N	COMMENTS (Including if referral/case returned)			
			Q	F							

## **Case Activity Log / Notes**

Case Num											
DCFS Office											
Agency Na	ame:										
Contact	Date/Time	Purpose/Outcome (Staff)									
Method											
(Fax or											
telephone)											

COUNTY OF LOS ANGELES – DEPARTMENT OF CHILDREN AND FAMILY SERVICES SAFE CHILDREN AND STRONG FAMILIES

#### DCFS CORE PRACTICE MODEL

Our Departments have developed a shared and evolving model of practice to better integrate services and supports for children, youth, families and communities. Our commitment and approach are cemented in the crucial elements of community partnership, teamwork, family voice and choice, cultural competence, respect, accountability, continuous quality improvement and implementation of best practice.

Key Outcomes: Safety, Permanence, Well-Being, Self Sufficiency, Organizational Excellence

### **Shared Values and Guiding Principles**

- **Child Protection & Safety:** Children and youth have the right to live in a safe environment, free from abuse, and neglect.
- **Permanent, Lifelong, Loving, Families:** Children and youth need and are entitled to a safe, nurturing and permanent family environment ideally in their own home.
- Strengthening Child & Family Well-Being and Self Sufficiency: Identifying the unique strengths of children, youth and families allows services and supports to be individualized and tailored.
- **Child Focused Family Centered Practice:** Focusing on the child's individualized, underlying needs and strengths, and the strengths and capacities of families provide the best guide to effective intervention and lasting change.
- **Community-Based Partnerships:** Services and interventions for children, youth and families are delivered collaboratively by agencies, providers, community and informal and naturally occurring supports in order to meet each family's needs.
- **Cultural Competency:** We maintain an attitude of cultural humility; honoring and respecting the beliefs and values of all families and recognizing that the cultural, ethnic and spiritual roots of the child, youth and family are a valuable part of their identity.
- **Best Practice and Continuous Learning:** We commit to developing an environment of continuous listening and learning and to ensuing that policy and practice decisions are based on reliable data as well as evidence, research and feedback.

#### The Practice Wheel - Operationalizing the Shared Practice Model

Our values and guiding principles are applied through a set of practice activities depicted by the Practice Wheel.

- Engaging is the practice of creating a trustful working relationship with a child and their family by increasing their participation, validating their unique cultural perspective, and hearing their voice and choice.
- Teaming is the practice of building and strengthening the child and family's support system, whose members meet, communicate, plan together, and coordinate their efforts in a unified fashion to address critical issues/needs.
- Assessing is the practice of collaborating with a family's team to obtain
  information about the salient events impacting children and families and the underlying causes bringing
  about their situation.
- **Planning and Intervening** is the practice and process of tailoring and implementing plans to build on strengths and protective capacities in order to meet individual needs for each child and family.



• *Tracking, Adapting* and *Transitioning* is the practice of evaluating the effectiveness of the plan, assessing circumstances and resources, reworking the plan, celebrating successes, adapting to challenges and organizing after-care supports as needed for the child and family.



## ATTEMPTED CONTACT LETTER

## AGENCY'S LETTERHEAD

То:	[Client Name] [Client Address]					
From:	[IHOC Name] [Agency Name] [Agency Address] [Agency Telephone Number]					
Date:						
Dear [	]Mr.	,				
I attem	pted to contact you ⊡by phone at	(Phone #)	on	(Date)	_ ; and/or ⊡in person at	
your las	st known address:	street / city / zip)		(Buto)	_ on (Date)	
I would	like to meet with you regarding the			service:	s in which you agreed to	
particip	ate; however, I have been unable	to reach you.				
	contact me as soon as possible,	so that we may so	chedule an ap	pointment.	I look forward to hearing f	rom
you so	311.					
Sincere	ely,					
IHOC/Sta	aff Person's Signature	Title				
This is a	o initial contact:	1 NO				

## **INITIAL ATTEMPTED CONTACT FORM**

Agency Name:	Office Site:	IHOC Name:	IHOC Phone #:							
Case Name:	Case #:	State #:	Date:							
□SCREENING □ARS □DCFS	□PROBATION									
To: DCFS / PROB Designee _										
From: Assessor / IHOC		-								
Referral/Start Date:			·							
Initial Contact Due Date:										
	Initial telephone contact attempted on  Must be faxed for \( \textstyle CSW/DPO \( \textstyle SCSW/SDPO \( \textstyle ARA \( \textstyle CBL \( \textstyle PAUR \)									
2 <sup>nd</sup> telephone contact attempted on	(Date)	_								
Must be faxed for CSW/DPO SCSW/		<b>□PAUR</b>								
Attempted face to face contact (require PROBATION) on(Date)	ed ERCP / REGIONAL	_ ASSESSMENT, ARS,	FP INTERVENTION,							
At Address										
Contact letter left <b>Yes No</b> at	(Location)									
Follow up telephone contact to CSW/DP	O □SCSW/SDPO □A	RA □CBL □PAUR								
Result of telephone contact										
Signature	(IHOC	/Contractor Designee)								
Signature	(Contr	actor Project Manager)								

## INTENTIONALLY OMITTED



COUNTY OF LOS ANGELES – DEPARTMENT OF CHILDREN AND FAMILY SERVICES SAFE CHILDREN AND STRONG FAMILIES

## MULTIDISCIPLINARY CASE PLANNING COMMITTEE (MCPC)/CASE PLAN/ CONFIDENTIALITY DECLARATION/SERVICE AGREEMENT

(To be completed at each MCPC meeting)

Agency Name:	Subcontractor:	0	Office Site:						
	PROBATIONTDT RESOURCE CENTER	□UFA Coi □CAPIT	mpleted: Date by						
MCPC: 1st 2nd 3rd 4th 5th 6th 7th 8th 9th Termination MCPC 5									
CSW/DPO Name:	Office:	Phone:	Fax:						
IHOC Name:	Office:	Phone:	Fax:						
II. CONFIDENTIALITY DECLARATI	ON								
As a member of the Family Preservation Multidisciplinary Case Planning Committee (MCPC), Resource Center, CAPIT, I understand that I am not permitted to share case identifying information, including, but not limited to, children's names, family members' names, addresses and telephone numbers regarding the above-referenced family with anyone who does not fall within the definition of a "Multidisciplinary Personnel Team" Member as defined by Welfare and Institutions Code (WIC) Sections 18951 and 18961.  I agree to comply with the confidentiality policy described above and will not use identifying information in any publication, nor will I share this information outside of the agencies represented on the MCPC. Further, I declare that I am aware of the WIC and Penal Code Sections relating to confidentiality, and I understand that any violations thereof constitute a criminal offense.									
III. SERVICE AGREEMENT STATE	MENT								
☐ FAMILY PRESERVATION ARS  Those present agreed to work together tow has agreed to provide the Department of C services that were provided and the family's  ☐ FAMILY PRESERVATION DCFS/PROB	Children and Family Services of progress.								
At the Multidisciplinary Case Planning Com agreed upon by the MCPC, the family, DCF									
Those present agreed to work together tow Preservation Agency has agreed to provide were provided and the family's progress.									
Lastly, it is understood by the members of the MCPC, that DCFS and the CSW/DPO, by law, are responsible for the safety of the child(ren) and as case manager, retain the ultimate responsibility for the development, content and implementation of the family's case/service plan.									
☐ RESOURCE CENTER/☐ CAPIT  Those present agreed to work together toward achieving the goals identified in the service plan. Additionally, the Contractor has agreed to provide the Department of Children and Family Services (DCFS) with a written report(s) each month regarding services that were provided and the family's progress.									

## IV. CHILDREN'S BILL OF RIGHTS

Since the vision of the Family Preservation Program (FPP) in Los Angeles County requires that a collaborative network of systems that work in concert to support and strengthen the capacity of families to provide their children's growth and development be developed. Therefore, I/we understand that as a necessary part of my/our participation in FP, I/we shall comply with the following Bill of Children's Rights:

- 1. To assure the safety and physical and emotional well being of children in my/our home while receiving the Family Preservation services.
- 2. To provide appropriate medical, dental, and mental health for my/our children and every one of them is covered by public or private health insurance and fully immunized by age 2 if appropriate.
- 3. To provide adequate food, shelter, and income and ensure that my/our children will have access to resources that will assist them in sustaining an adequate standard of living.
- 4. To provide adequate education and training and my/our children will attend school and enroll in Independent Living Program (ILP) services if age-appropriate, and ensure that all my/our children are trained in the skills and competencies necessary for work.
- 5. To protect my/our children from abuse and neglect and have access to quality child care if appropriate
- 6. To preserve my/our children in my/our family or actively work to reunify with my/our children.
- 7. To provide emotional and social support and my/our children will participate in early childhood education program, including Head Start and State Preschool Programs if appropriate.

This signed consent form will remain in effect for the duration of my/our family's participation in the FPP.

#### 9. CONSENT STATEMENT

I/we understand that as a necessary part of my/our participation in the Community Based Program (FPP), the agencies involved must have access to records pertaining to my/our family. Therefore, I/we give permission to the Department of Children and Family Services (DCFS) to release, disclose, and/or exchange information about myself and my child(ren) listed above with a Community Based Agency and the participating agencies which may include, but are not limited to: the Departments of Health Services, Mental Health, Public Social Services and Education. This consent includes both written and oral communication about social, medical, developmental, psychological, educational, behavioral and other individual and family issues.

This signed consent form will remain in effect for the duration of my/our family's participation in the FPP program.

MEMBER	PRINT NAME	SIGNATURE	DATE SIGNED	√ <b>Box</b> (If too young to sign and provide child's age)
MO		_		
FA				
OTHER (Specify relationship)				
OTHER (Specify relationship)				
C1				
C2				
C3				
C4				
C5				
C6				
CSW/ DPO				
SCSW/ SDPO				
IHOC				
Clinical Director				
DHS				
DMH				
DPSS				
Other				

COUNTY OF LOS ANGELES – DEPARTMENT OF CHILDREN AND FAMILY SERVICES SAFE CHILDREN AND STRONG FAMILIES

		□ MCP	C SERVIC	CE PLAN /  MONTH (Please check one)		ORT	
Agency Name & Site:			ne:	Case #:		th, if applicable	MCPC Date, if applicable
□ARS □INTE	Date Completed DCFS NSIVE FAMILY PRESERVATI PC Deferment Date(s), if applic	ION CASE	су		□PROBATION (BASE)	☐ PROBA	ATION (TDT) C Date:
CSW/D	PO Name:		Office:		Phone:		Fax:
SCSW/S	SDPO Name:		Office:		Phone:	Fax:	
IHOC Name: Office:				Phone:		Fax:	
I	Family Members Included Plan (List Names):	in this MCP	C Service	Member(s) Absent on th	nis Date & Reason(s):		CPC, if applicable:
MO				□мо		Home	
FA				□FA		Agency	
C1				□C1		School	
C2				C2		☐ Placeme	nt
C3				<b>□</b> С3		Other (Sp	pecify)
C4				C4			
C5				C5		Time of MC	PC, if applicable:
C6				□C6		Start Time:	□am □pm
Other				Other		End Time:	□am □pm
Other				Other		Total Hour(s	):

II	MCPC Presenting Problem(s):	Monthly Progress Reporting of Family as it relates to the Presenting Problem
	□Initial:	The state of the s
	□New/Ongoing:	
	MCDC Family Chromathay	Monthly Drawage Deporting as it valetes to the femily strongths.
Ш	MCPC Family Strengths:	Monthly Progress Reporting as it relates to the family strengths:
IV	MCPC Child Safety & Risks:	Monthly Progress Reporting as it relates to the safety and risk of case
	mor o orma oarcty a respect	plan members:
		pian members.
		<b>Y</b>
V	MCPC Family's View of Issues:	Monthly Progress Reporting as it relates to family's view of issues.
V	MOPE Pailing S view of Issues.	Monthly Progress Reporting as it relates to failing 5 view of issues.
VI	MCPC Treatment Goals as it relates to the services chosen (below):	Monthly Progress Reporting as it relates to the treatment goals.
		(Discuss challenges to goals, achievement, and intervention, factors
		hindering goal attainment or progress, barriers to service provision, family's
		level of participation by client and other related issues):
		<u>וטיטו טו אַמונוטואַמנוטוז אין טוופווג מווע טנוופו 15ומנכע 153עכטן.</u>

## **EXHIBIT A-14**

1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.

VII	SERVICES TO BE PROVIDED (Complete all fields, answer "NA" for those services not required at this time):											(Right section to be filled out to report monthly updates)			
	Core & Supplemental Services									Rece	ive	Frequence		Actual Monthly Name Service *Level of Provider Parti	_
				1	2	3	4	5	6	Otl	her	#/week	#/month	Provided (pending/a cipat (Dates) ssigned) ion	
	In-Home Outreach Counseling ☐License ☐MA/MSW ☐BA														
	Counseling ☐AM ☐ DV ☐ SA ☐Other (Specify)														
	Child Focused Activities														_
	Child Follow-Up Visit														_
	Drug Testing														_
	Emergency Housing														_
	Parent Training/Father Program														
	Psychotherapy														
	Substance Abuse Assessment														
	Substance Abuse Treatment:  ☐Ind. Counseling ☐Group Counseling														
	Substitute Adult Role Model (SARM)	4													
	Teaching & Demonstrating (T&D)														_
	Therapeutic Day Treatment (TDT)														
	Transportation														
	Other (Specify)														
* Le	vel of Participation Codes: AP-Adequ	iate Pa	articip	oatio	n; <b>M</b>	P-N	/larg	inal	Par	ticipa	atior	n; <b>IP</b> -Inade	quate Parti	cipation; <b>NP</b> -No Participation	
VIII	LINKAGE SERVICES TO BE PRO at this time):	VIDED	<b>)</b> (Co	mple	ete al	l fiel	lds, a	answ	ver "I	VA" 1	or th	nose service	es not requir	ed (Right section to be filled out to report monthl updates)	y
	Service Type		Frequency		Actual Monthly Name Service *Level of Service Provider Pa										
				1	2	3	4	5	6	Othe	er	#/week	# /mon	Provided (pending/a tic	i
	DHS Alcohol & Sub. Abuse Trtmt Svcs														
Uniq	ue Exhibits for	-	1		6	9			<u></u>		1_		1		_

															<i> </i>	KHIBII A-14
	DMH Mental Health Services															
	Child Care Services															
	Educational Services															
	Employment/Training Services															
	Health Care Services															
	Healthy Start Support Services															
	Housing Services															
	Income Support Services										ŧ					
	Physical & Developmental															
	Services															
	PSSF Services							1								
	Regional Centers Services															
	Self-Help / Family Support Groups								1							
	Special Education Services									1						
	Other (specify)															
IX	OTHER SERVICES TO BE PROVII this time):	•												(Right section to build updates)		
											Frequen Recomm		Actual Monthly Service	Name Service Provide	*Level of Parti	
											1		Provided	r	cipat	
				1	2	3	4	5	6	Ot	her	#/week	#/month	(Month/D	(pending/	ion
														ates)	assigned	
					7											
							1									

<sup>\*</sup>Level of Participation Codes: **AP**-Adequate Participation; **MP**-Marginal Participation; **IP**-Inadequate Participation; **NP**-No Participation

## X Auxiliary/Discretionary Funds Needs Assessment:

## **EXHIBIT A-14**

ΧI	Agency's Comments:			
<u>Pre</u>	pared by IHOC:			
		(Print)	(Signature)	Date
<i>Rec</i> Clin	ceived and Approved by ical Supervisor/Director:			
		(Print)	(Signature)	Date

COUNTY OF LOS ANGELES – DEPARTMENT OF CHILDREN AND FAMILY SERVICES SAFE CHILDREN AND STRONG FAMILIES

#### **SCHEDULING DEFERMENT**

Multidisciplinary Case Planning Committee (MCPC) or Alternative Response Services (ARS) Case Plan

scheduling attempts should still be d	ARS Case Plan when meeting was not held within contractual timet ocumented in the case record.	amo. An
AGENCY NAME:	IHOC NAME:	
CASE NAME:	FP CASE #:	
FAMILY	PRESERVATION DCFS / PROBATION CASES	
FAMILY PRESERVATION CASE #:	DCFS D Probation	
DATE OF INITIAL VISIT:	1 1	
DATE OF LAST MCPC:	1 1	
MCPC #:	$\square 4^{th} \square 5^{th} \square 6^{th} \square 7^{th} \square 8^{th} \square 9^{th} \square 10^{th}$	
MCPC WAS SCHEDULED FOR:		
IT WAS HELD ON:		
IT WAS DEFFERED DUE TO:	CSW/DPO Cancelled Family Cancelled	
☐ Other (Explain):	☐ CSW / DPO No Show ☐ Family No Show	
	ALTERNATIVE RESPONSE CASES	퓜
ALTERNATIVE RESPONSE CASE :		
ALTERNATIVE RESPONSE CASE :	±:	
	±:	
ARS PLAN WAS SCHEDULED FOR	±:	
ARS PLAN WAS SCHEDULED FOR ARS PLAN WAS HELD ON:	±:	
ARS PLAN WAS SCHEDULED FOR ARS PLAN WAS HELD ON:	±:	
ARS PLAN WAS SCHEDULED FOR ARS PLAN WAS HELD ON: IT WAS DEFFERED DUE TO:		
ARS PLAN WAS SCHEDULED FOR ARS PLAN WAS HELD ON: IT WAS DEFFERED DUE TO:  Clinical Director Name (Print)		

#### **FAMILY PRESERVATION / PROBATION CASES**

CONTRACTOR'S Clinical Director or COUNTY approved designee shall convene the MCPC within 15 business days of the initial visit and notify the case carrying CSW/DPO, family and other service providers at least three (3) business days in advance. CONTRACTOR shall document all scheduling attempts for each family in the case record. (Description of Program Services, Sub-section 7.2.6.1)

CONTRACTOR shall ensure that an MCPC meeting be conducted at least every 75 [calendar] days for the duration of services. (Description of Program Services, Sub-section 7.2.6.2)

#### ALTERNATIVE RESPONSE CASES

CONTRACTOR'S Clinical Director or COUNTY approved designee shall convene the ARS plan within five (5) business days of the initial visit. (Description of Program Services, Sub-section 7.1.6.1)

# **ARS/FP MCPC SERVICE PLAN ADDENDUM**

Agency Name:		Subcontractor:	Office Site:	FP/PDJ #:		
MCPC Date:	Next MCPC:	Case Name:	Start Date:	End Date:		
modification	ns are made l		heduled service p	Plan for ARS whe lan. All additions o		
CSW/DPO Na	me:	Office:	Phone:	Fax:		
SCSW / SDPC	Name:	Office:	Phone:	Fax:		
IHOC Name:		Office:	Phone:	Fax:		
Confirmation	with CSW/DPO					
Caregiver		Signature		Date		
Child		Child		Child		
IHOC I	Name (Print)	Sig	nature	Date		
				/ /		
Clinical Director Name (Pri		rint) Sig	ınature	Date		

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# **PROGRESS NOTES**

_		•	UBCONTRAC	IUR:	
Date of Visit: Case Name:					FP/PDJ #:
Servi	ce Provider Name:		Title:	Phone:	Fax:
A		ME COUNSELING		OLLOW-UP VISIT	
	·		Office:		
	Visit: Case Provider Name:	e Name:	Title:		FP/PDJ #:
Service	e Provider Name:		i itie:		Phone:
I	Name of Person(s) Secon this Date (List Names	` '	Excused FP-13:	Unexcused FP-14:	Location of Visit:  By Appointment Unannounced
Мо		□Mo	□Mo	Мо	Home
Fa		□Fa	□Fa	Fa	Agency
C1		□C1	□C1	□C1	School
C2		C2	C2	C2	Placement
C3		☐C3	C3	☐C3	Other (Specify)
C4		□C4	☐C4	C4	
C5		□C5	□C5	C5	Time of Visit:
C6		□C6	□C6	□C6	Start Time: ☐am ☐pm
Other		Other	Other	Other	End Time: ☐am ☐pm
Other		Other	Other	Other	Total Hour(s):
DISCU	ISSION POINTS FOR IN-HO	ME COUNSELI	NG/CHILD FOL	LOW-UP VISIT (	Complete as applicable):
II	Initial Presenting Problem	(s):			
III	Current Child Safety Issue	<b>S</b> (Risk assessment	r):		

IV	Current / Observed Family Functioning and Interactions (Discuss relationships, parent/child interaction, strength/challenges, changes, commitment to FP program, crisis intervention, and newly identified problem(s), etc.):
V	Progress Toward Goals Stated in Current MCPC Service Plan (Discuss any barriers toward goal achievement):
VI	Follow-up on Tasks/Issues Discussed at Previous Visit:
VII	<b>Evaluation of Core/Linkage Services</b> (Discuss effectiveness of services being provided, barriers to service provision, and any other services which may benefit the family or improve family functioning, etc.):
VIII	Today's Condition of Home (Provide a description of the physical home environment):

Page 3 of 3

ΙX	Other etc.):	(Discuss	use/effectiveness	of auxiliary	funds, a	iny other	issues	impacting	the family	and/or	provisions	of s	ervices,
	Next V	/isit Dat	e Scheduled	for:									
Prepar	ed by Sei	vice Prov	ider:(Print)	(Sign	ed)	(5	igned)		Date				-

# **SUPPLEMENTAL SERVICE PROGRESS NOTES**

AG	AGENCY NAME:				SUBCONTRACTOR:						
Dat	Pate of Visit: Case Name:			:					FP/PDJ #:		
Sei	rvice	e Provider Name:			Title:				Phone	:	Fax:
ı		Name of Person(s) S this Date (List Names		Abs	son(s) sent on s Date:		xcused P-13:		excused -14:	Location	on of Visit:
Me	n				Mo	$\vdash$	Mo		Mo	Hon	ne
Fa					a	┢	]Fa		-a	Age	
C.					<u>51</u> 51	┢	C1		C1	Sch	
C	2				2		C2		C2	☐ Plac	cement
C:	3				3		]C3		23	Oth	er (Specify)
C <sub>4</sub>					4		]C4	Ĭ	C4		
C!					5		]C5		C5	Time o	
C				_	6		]C6		C6		ne: 🗌 am 🔲 pm
Oth				_	Other		Other		Other		e: 🗌am 🔲pm
Oth	er				Other		Other		Other	Total Ho	ur(s):
III	III Current Service/Activity Provided (Describe the activity, who participated, teaching tools used, how receptive were the clients):										
V	Cui	rrent Child Safety and gress/problems and other perti	d Family	Issu	l <b>es</b> (Discu			y, con	ditions of tl	he home,	family members'
		<b>▼</b>									

# **SUPPLEMENTAL SERVICE PROGRESS NOTES**

AGENCY NAME:		SUBCONTRACTOR:				
Date of Visit: Case Name:			:		FP/PDJ #:	
			Title:	Phone:	Fax:	
VI	Tasks/Issues Planned A	_	Next Visit:			
Prep	ared by Service Provider:	(Signed	J)	Date		

# **COUNSELING NOTES**

Agency Name:		FP/PD.	J #:	Office Site:	Start Time:
Case Name: Client Na					End Time:
		Client Name(s	)/Relationship:	Service Date:	Service Location:
			nent unit, e.g., or ted for each indivi		dual or for couples, family
SELECT Cour	nseling or Grou	p Type:			
Counseling:	□Individual	<b>□</b> Couples	□Family	<b>□</b> Conjoint	
Group Type:	□Parenting	□Anger Mana	gement	☐Substance Abu	se  □Teen Pregna
	□Domestic V	iolence (Perpet	rator)	<b>□</b> Domestic	Violence (Survi
	Other:	_			
Brief summary	of Client's partic	ipation, motivation	on & behavior:		
_					
Treatment Goa	ıls (include deleti	ons & modification	ons to goals. If no	o changes made, ple	ease indicate):
	(		one to godini in	<u></u>	add mardato).
Brief summary	of treatment pro	gress/lack of pro	gress:		
Concerns:					
Counselor / Inter	n Name (Print)		Counselor / Inter	n Signature	Date
Clinical Supervis	or Name, License	# (Print)	Clinical Supervis	or Signature	Date

### **UNEXCUSED / EXCUSED ABSENCE ALERT FORM**

Date:			
Case Name:		Case #:	
To:		From:	
Agency Name:			
Fax:		Phone:	
UNEXCUSED ABS	ENCE		
Circumstance:	Parent(s) / Legal Guardiar	(s) Child(	ren) Was Absent For A Scheduled Visit
<b>Notification:</b> This is to	notify you that I attempted to contact	ct family member(s) on:	Date
However, (s)he was not	at the following address:		
Follow-up Efforts:			
Joint CSW/CFPN Staffi	ng Conference Decision:		
Telephone Staffing Atter	npts on:	and _	
EXCUSED ABSENGE The following individual	CE als have asked to be excused fr	om the In-Home Coun	seling session:
1	3.		5
2	4.		6
The date of the absence	if from	to	
The date(s) of the session	ons that will be missed are:		
The reason for this abse	nce is:		
This absence has been	discussed with:		(CSW/DPO)
(Contractor) on	Date		in person or be telephone.
County representative a	grees to the excused absence(s) as	s noted above.	
Reviewed and appro	ved:		
Signature:	Program Director	Date:	
Signature:	SCSW / SDPO	Date:	

In-Home Counselors will complete this form and obtain the Program Director's Signature for excused absences. FAX the form to CSW for both excused and unexcused absences. The form should be placed in the case file. CSW- Review the faxed form and obtain the SCSW/SDPO approval signature if more than two visits will be missed. FAX the completed form back to Community Family Preservation Agency.

Unique Exhibits for

COUNTY OF LOS ANGELES - DEPARTMENT OF CHILDREN AND FAMILY SERVICES SAFE CHILDREN AND STRONG FAMILIES

#### **AUXILIARY FUND PROCEDURES**

CONTRACTOR will use the following procedures for DCFS authorized purchases to be reimbursed with auxiliary funds. Items and services, which may be purchased as reimbursable items, include Deaf Services, bedding, clothing, dishes, temporary emergency housing (e.g., motel fees) and other items, approved by DCFS. Purchases that shall be procured directly by the COUNTY and will not be authorized for CONTRACTOR reimbursement include, but are not limited to: beds, mattresses, stoves, refrigerators, washers, dryers, sofa-beds, cribs, dinette sets, chest of drawers, moving costs, rental payments, and security deposits. For these purchases, CONTRACTOR shall provide the CSW with the required documentation as further described in Sections B and C below:

### A. AUXILIARY SERVICES VIA LEAD AGENCY REIMBURSEMENT

- 1. After the need for auxiliary services has been discussed and agreed upon in the Multidisciplinary Case Planning Committee (MCPC) meeting or staffing, the CONTRACTOR shall provide written documentation of their agreement of the services/items to be purchased to the CSW/DPO and maintain a copy in the CONTRACTOR's case file. If the need was discussed at an MCPC meeting, the written documentation should be attached to the approved MCPC service plan. The written documentation shall include:
  - a. How the purchase will promote the safety, health, and placement prevention and/or safe reunification of the child, and how it relates to the MCPC service plan goals;
  - b. What other resources were explored to avoid use of auxiliary funds;
  - c. Why the purchase is needed immediately.
- 2. Upon DCFS approval, the DCFS Community Development Coordinator (CDC) shall provide the CONTRACTOR a copy of the fully authorized DCFS 800-1 (Family Preservation Auxiliary Fund Authorization), allowing the issuance of auxiliary funds for reimbursement to the CONTRACTOR for the purchase of services/items. The CDC shall forward the original DCFS 800-1 to the DCFS Finance Section. The CONTRACTOR shall not make any purchase for auxiliary fund reimbursement prior to receiving the authorized DCFS 800-1.
- 3. If, when the purchase is to be made, it is determined that the actual cost of the agreed upon item(s) or service(s) will exceed the approved cost by more than 10%, CONTRACTOR shall obtain from the CDC, modification of the amount on a copy of the previously authorized DCFS 800-1 before the purchase is made. The modified DCFS 800-1 must be initialed by the Regional Administrator (R/A)/Assistant Regional Administrator (ARA) approving the additional amount.

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The modified DCFS 800-1 with the original initials shall be forwarded to the Finance Section by the CDC.

- 4. CONTRACTOR shall prepare a check made payable to the vendor or make payment with an agency issued credit card for the authorized amount of the item(s) or service(s) identified on the DCFS 800-1. CONTRACTOR shall retain original receipts for all purchases. Please note, the credit card statement and the original receipts must be provided. Use of personal, non-agency credit or debit cards is not appropriate.
- 5. To obtain reimbursement for authorized auxiliary fund purchases, CONTRACTOR cashier shall on the 15<sup>th</sup> and the last day of the month complete the Expense Claim for LEAD Agency Auxiliary Fund Reimbursement form (Exhibit C-25), attach the <u>original receipt(s)</u>, a copy of the authorizing DCFS 800-1 and forward these documents to the Executive Director or designee for approval and signature. The Executive Director or designee (i.e., staff person other than the cashier) shall mail the approved claim and supporting documents according to the instructions below.
- 6. CONTRACTOR shall place in a sealed envelope the completed original expense claim, a copy of the DCFS 800-1 with authorizing signatures and the original receipt(s), and forward to: Department of Children and Family Services, 425 Shatto Place, Room 204, Los Angeles, CA 90020, Attention: Accounting Section, Family Preservation Payment Unit. CONTRACTOR shall photocopy all documentation for their files.
- 7. COUNTY shall attempt to process all complete requests for CONTRACTOR Auxiliary Fund Reimbursement within 15 business days from the date the approved request is received in the Finance Section.
- 8. In the event the original receipts and documentation are lost in transmission to the Finance Section, the CONTRACTOR shall submit a memo signed by the Executive Director specifying the reason(s) for not submitting original receipts, along with a copy of all documentation and receipts from their files, to facilitate reimbursement.

### B. AUXILIARY SERVICES VIA DCFS CHECK ISSUANCE

- 1. After the need for auxiliary services has been discussed and agreed upon in the MCPC meeting or staffing, the CONTRACTOR shall provide written documentation of their agreement of the services/items to be purchased to the CSW and maintain a copy in the CONTRACTOR's case file. If the need was discussed at an MCPC meeting, the written documentation should be attached to the approved MCPC service plan. The written documentation shall include information described in Section A.1.a., b., and c. above.
- 2. CONTRACTOR shall receive a copy of the DCFS 800-1 subsequent to DCFS approval. If the DCFS 800-1 authorizes payment of rent or security deposit,

CONTRACTOR shall obtain and submit to the CSW written documentation of the following:

- Client's ability to pay the ongoing rent amount;
- Copy of the original rental agreement signed by the client and the property owner or authorized agent; and
- c. The original "Return of Security and Rental Deposit Agreement" signed by the client and the property owner or authorized agent.
- COUNTY shall issue/make check payable to the vendor for the authorized amount and shall be responsible for resolving any discrepancies with the vendor. CONTRACTOR shall assist COUNTY in resolving any such disputes upon request by COUNTY.

#### C. AUXILIARY SERVICES VIA PURCHASE ORDER

- 1. After the need for auxiliary services has been discussed and agreed upon in the MCPC meeting or CFT, the CONTRACTOR shall provide written documentation (i.e., MCPC service plan) of their agreement of the services/items to be purchased to the CSW and maintain a copy in the CFPN case file. The written documentation shall include information described in Section A. 1.a., b. and c. above.
- COUNTY shall issue purchase order to the vendor for the authorized amount and shall be responsible for resolving any discrepancies with the vendor. CONTRACTOR shall assist COUNTY in resolving any such disputes upon request by COUNTY.
- CONTRACTOR shall verify existence of items and/or provision of services and immediately notify CSW of any discrepancies between items/services approved and items/services received.

COUNTY OF LOS ANGELES – DEPARTMENT OF CHILDREN AND FAMILY SERVICES SAFE CHILDREN AND STRONG FAMILIES

### **EMERGENCY AUXILIARY GOODS AND SERVICES**

### **SECTION 1**

Approved by:		Print Date:			
Date:	_				
Case Name: Last:		First;	4///		
CWS/CMS Referral #:		and/or UFA #: (کرار	7/		
		7 410			
Caregiver Name (1): Last:		First:			
Caregiver Name (2): Last:		First:			
Address:					
Phone #:	Phone #:				
CSW Name:		Mone #:			
SCSW Name:		Phone #:			
Agency Name:	2000	DCFS Office:			
Assessor/IHOC Name:	10	Phone #:			
	SECTIO	N 2			
Item Description	Price	Item Description	n Price		
Refrigerator	\$0.00	Emergency Transportation	\$0.00		
Stove / Oyen	\$0.00	Hotel / Lodgings	\$0.00		
Microwave \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$0.00	Utilities: House Phone, Gas, Elec	etric, Water \$0.00		
Kitchenware	\$0.00	Medical Supplies / Medicine	\$0.00		
Bed. Twin Bunk / Jr / Toddler	\$0.00	Carpet Cleaning	\$0.00		
Crib	\$0.00	Cleaning (Household) Supplies	\$0.00		
Mattress Twin	\$0.00	Trash Disposal	\$0.00		
Beddings / Pillows	\$0.00	Pest Control	\$0.00		
Baby Supplies	\$0.00	Plumbing	\$0.00		
Car Seat	\$0.00	Smoke Detector	\$0.00		
Stroller	\$0.00	House Repair Supplies	\$0.00		
Clothing	\$0.00	Child Safety Gate / Items	\$0.00		
Groceries	\$0.00				
Misc:			\$0.00		
<u>"</u>			T B 1.4		
# Vende	or / Store		Receipt Amount		
		Total:			
* Maximum Amount to be paid by DCFS is \$5	500.00				

# **SECTION 3**

Project Manager Name:		Phone #:	
_	Print Name		•
Project Manager Approval:		3011	
	Signature	Date	
	SECTION 4		
DCFS Program Manager (or Designee) Approval:			
	Signature	Date	
Instructions: SCSW: Complete Case Information DCFS approval process and fax the	n (Section 1); Check approved items in Emergency Fund Req form to agency.	quest (Section 2); Submit to designated manag	jer for
Agency: Enter estimated cost of ap calculate receipt total (Section 2); Sampson, Program Manager for Far	proved tems (Section 2); List each vendor/store receipt and receipt Section 3; Mail Emergency Auxiliary Goods and Sinily Preservator, 425 Shatto Place, 3 <sup>rd</sup> Floor, Los Angeles, Cali	receipt amount (Section 2); System will automa Services form along with original receipts to N ifornia 90020.	itically Naftali

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# **FAMILY PRESERVATION AUXILIARY FUND AUTHORIZATION**

A. CASE INFORMATION (F				
CSW/CMS CASE NUMBER	₹:		-	
CASE NAME: LAST:		FIRST:		INITIAL:
CASE NUMBER				
STATE ID/SERIAL #			PROJECTED END DATE	
REQUEST DATE:				
CSW NAME LAST:		FIRST: _		CSW FILE NO.:
OFFICE:				
REFERRAL AGENCY				
			1 ,	
B. AUXILIARY FUND REQI	UESTS (MARK THE A	PPROPRIATE BOX	) TCHECK TPURCHA	SE ORDER/VOUCHER
QTY OF ITEMS TO BE PURCHAS	SED: A	B i i	AMOUNT	/ENDOR/PAYEE NAME
For Official Use by O.h	K. TO PROCESS:	Initial	Date:	Note:
Accounting Division				
PURCHASE ORDER DELIVERY	ADDRESS:			
STREET:		CITY:	ST	ATE: ZIP:
DECEMPT CONTACT DEDOCT (				
	or Purchase Order Only			
				PHONE:
FIRST NAME:  IF A CHECK IS REQUESTED IN CARE OR FACILITATE REUNIFI	IDICATE SPECIFICALL ICATION (EXAMPLE: F. THER WITH MONEY FO	LAST NAME: Y HOW THE MONE AMILY DOES NOT OR FOOD WILL HEI	EY WILL HELP THE CHILD(REN HAVE FOOD TO FEED THE CH LP CAREGIVER FEED CHILD(RE	) AVOID BEING PLACED IN FOSTER IILDREN BECAUSE THE CHECK HAS EN) UNTIL HIS/HER CHECK ARRIVES)
FIRST NAME:  IF A CHECK IS REQUESTED IN CARE OR FACILITATE REUNIFI NOT ARRIVED; PROVIDING MO	IDICATE SPECIFICALL ICATION (EXAMPLE: F. THER WITH MONEY FO ORDER REQUEST IND	LAST NAME: Y HOW THE MONE AMILY DOES NOT OR FOOD WILL HEI	EY WILL HELP THE CHILD(REN HAVE FOOD TO FEED THE CH LP CAREGIVER FEED CHILD(RE	) AVOID BEING PLACED IN FOSTER IILDREN BECAUSE THE CHECK HAS :N) UNTIL HIS/HER CHECK ARRIVES)
FIRST NAME:  IF A CHECK IS REQUESTED IN CARE OR FACILITATE REUNIFI NOT ARRIVED; PROVIDING MO – OR – IF THIS IS A PURCHASE	NDICATE SPECIFICALL ICATION (EXAMPLE: F. THER WITH MONEY FO ORDER REQUEST IND MMEDIATELY?	LAST NAME: Y HOW THE MONE AMILY DOES NOT OR FOOD WILL HEI	EY WILL HELP THE CHILD(REN HAVE FOOD TO FEED THE CH LP CAREGIVER FEED CHILD(RE	) AVOID BEING PLACED IN FOSTER IILDREN BECAUSE THE CHECK HAS :N) UNTIL HIS/HER CHECK ARRIVES)
FIRST NAME:  IF A CHECK IS REQUESTED IN CARE OR FACILITATE REUNIFI NOT ARRIVED; PROVIDING MO' – OR – IF THIS IS A PURCHASE WHY IS THE MONEY NEEDED IN	NDICATE SPECIFICALL ICATION (EXAMPLE: F. THER WITH MONEY FO ORDER REQUEST IND MMEDIATELY?	LAST NAME: Y HOW THE MONE AMILY DOES NOT OR FOOD WILL HEI	EY WILL HELP THE CHILD(REN HAVE FOOD TO FEED THE CH LP CAREGIVER FEED CHILD(RE	) AVOID BEING PLACED IN FOSTER IILDREN BECAUSE THE CHECK HAS EN) UNTIL HIS/HER CHECK ARRIVES)
FIRST NAME:  IF A CHECK IS REQUESTED IN CARE OR FACILITATE REUNIFI NOT ARRIVED; PROVIDING MO' – OR – IF THIS IS A PURCHASE WHY IS THE MONEY NEEDED IN WHAT OTHER RESOURCES WE	NDICATE SPECIFICALL ICATION (EXAMPLE: F. THER WITH MONEY FO ORDER REQUEST IND MMEDIATELY?	LAST NAME:. Y HOW THE MONE AMILY DOES NOT OR FOOD WILL HEI DICATE THE REASC	EY WILL HELP THE CHILD(REN HAVE FOOD TO FEED THE CH LP CAREGIVER FEED CHILD(RE	) AVOID BEING PLACED IN FOSTER IILDREN BECAUSE THE CHECK HAS EN) UNTIL HIS/HER CHECK ARRIVES)
FIRST NAME:  IF A CHECK IS REQUESTED IN CARE OR FACILITATE REUNIFI NOT ARRIVED; PROVIDING MO' – OR – IF THIS IS A PURCHASE WHY IS THE MONEY NEEDED IN WHAT OTHER RESOURCES WE C. DCFS SIGNATURE	IDICATE SPECIFICALLICATION (EXAMPLE: F. THER WITH MONEY FO ORDER REQUEST IND MMEDIATELY?  ERE EXPLORED?  DATE	LAST NAME:. Y HOW THE MONE AMILY DOES NOT OR FOOD WILL HEI DICATE THE REASO	EY WILL HELP THE CHILD(REN HAVE FOOD TO FEED THE CH LP CAREGIVER FEED CHILD(RE IN/NECESSITY FOR ITEMS TO B	) AVOID BEING PLACED IN FOSTER IILDREN BECAUSE THE CHECK HAS EN) UNTIL HIS/HER CHECK ARRIVES) E PURCHASED:
FIRST NAME:  IF A CHECK IS REQUESTED IN CARE OR FACILITATE REUNIFI NOT ARRIVED; PROVIDING MO' – OR – IF THIS IS A PURCHASE WHY IS THE MONEY NEEDED IN WHAT OTHER RESOURCES WE  C. DCFS SIGNATURE	IDICATE SPECIFICALL CATION (EXAMPLE: F. THER WITH MONEY FO ORDER REQUEST IND MMEDIATELY?  ERE EXPLORED?	LAST NAME:. Y HOW THE MONE AMILY DOES NOT OR FOOD WILL HEI DICATE THE REASO	EY WILL HELP THE CHILD(REN HAVE FOOD TO FEED THE CH LP CAREGIVER FEED CHILD(RE IN/NECESSITY FOR ITEMS TO B	) AVOID BEING PLACED IN FOSTER ILDREN BECAUSE THE CHECK HAS EN) UNTIL HIS/HER CHECK ARRIVES) E PURCHASED:

### PROBATION FP AUXILIARY FUND AUTHORIZATION

Enter/Check All Applicable Information - Please Type or Print

1. Minor's Name:	2. PDJ#:
3. Parent/Guardian:	4. Telephone:
5. FP Original Start Date: / / /	6. Auxiliary Fund Eff. Date: /
7. DPO Name:	8. Area Office & Unit:
9. DPO Telephone:	10. DPO Fax:
11. Lead Agency:	12. Agency Telephone
13. Item Requested Amoun	t Vendor/Payee Name
\$	
\$	
14. Vendor Contact Person & Complete Delivery Address	
15. Indicate specifically how the auxiliary funds will help to	the minor avoid being placed out of the home.
16. What other resources were explored?	
17. FP DPO Signature:	Date:
18. FP SDPO Signature:	Date:

# **EXPENSE CLAIM FOR LEAD AGENCY**

☐ 1. Aux	Aل iliary Fund	JXILIARY FU	IND REIMBURS	EMENT		
☐ 2. Dea	f Interpretive Service estance Abuse Asses		reatment			
	FP Agency N	<u>ame</u>		D	ate of Clai	m
						_
	FP Agency Ade	<u>dress</u>			Claim Perio	d
Date	Case Name/	Case Number	Vendor/Payee	Check Nun	nber	Amount
				TOTAL CLAIMED	<u>)</u>	
Original F	Receipts / Invoices are attached.	☐ Please mail	check.	call when check is avai	lable so we ca	an pick it up.
☐ I certify th	e above expenses were necessa	ry and incurred in t	he performance of agend	cy's contractual respons	ibilities.	
	Cashier's Name (Print)		Signat	ure		Date
Execu	tive Director/Project Manager (Pri	nt)	Signat	ure	_	Date
APPROVAL:						
Family Prese	rvation Program Administrator or l	Designee	Signat	ure		Date

### **DISCRETIONARY FUND PAYMENT REQUEST**

		For the Month	of:				
CONTRAC	TOR / SITE:			FY 07-08 Contract Budget Allocation:			
Address:	City	Zip Code		* Discretionary Allocation 5%: Previous Discretionary Expenditure Balance: minus Today's Discretionary Expenditu			0.00
_					ires:		
Contact Pe	erson:	-0		**Discretionary Fund Balance:	ÿ.	\$	-
Title:	-	-					
Phone:	( )	Fax: ( )					
Receipt #	Case Name	Case #	Payee/Vendor	Description of Item Purchased	Service Date	Amo	unt
1							
2							
3							
4							-
5							_
6							_
7							-
8							-
9							
10							
10	TOTAL					s	88/1
Program Mar	TOTAL  If Work, Section CONTRACTOR may unager for any Discretionary Services expendit  ary Balance Formula: = Previous Discretionar	ures estimated to be in excess of	two thousand five hundred dollars (\$2,500) for a	services/items. CONTRACTOR must obtain prior any individual item, event, activity or service.	written approval fr		YTNL
		Approved:	FP Agency Project Manager	Date			
		A		The second of th	-0		
		Approved:	Contract Program Manager or Designee	e Date			

# MONTHLY STAFFING AND EXPENDITURE REPORT (MSER)

Agency/D							-	-	FY Allocation FP System UFA Regional UFA ERCP	\$ -								FY Allocation FP System UFA Region UFA ERCP	0		
	ACTIVE	CASE	COUNTC	N LAST DA	Y OF MONTH	ST	AFFING		FP Allocation (In FP System)										ı	JFA Regiona	al (in UFA Sy:
	А	В	С	D = (A+B+C)	Е	F	G	a	b	С	d	e	f = (a+b+c+d+e)	g	h=(f-g)	ı	COMMENTS	1	k	⊨(j-k)	m
Month/ Year	DCFS	ARS		Total # of Current Active Cases	Total Vacancies	Total # of IHOC's	# of IHOC Vacancies	Monthly Discretionary Fund Earnings	Monthly ARS/DCFS/ Skid Row Actual Earnings	Monthly Probation Actual Earnings	Monthly UFA ARS/DCFS Actual Earnings	Monthly CP ARS/DCF S Actual Earnings	Total Monthly Actual Earnings	Target Monthly Projected Earnings (based on annual allocation)	Variance Overspent / (Underspent)	Next Month's Target Projected Earning (based on actual earning)	REASON / CORRECTIVE ACTION PLAN FOR OVER/(UNDER) EXPENDITURE	Monthly UF A Actual Earnings	Target Monthly UFA Projected Earnings (based on annual allocation)	Variance - Overspent / (Underspent)	Next Month's Target Projected Earning (based on actual earning)
Jul-1	1			0									0.00	0	0.00	0.00				0.00	0
Aug-1	1			0									0.00	0	0.00	0.00				0.00	0
Sep-1	1			0									0.00	0	0.00	0.00				0.00	0
Oct-1	1			0									0.00	0	0.00	0.00				0.00	0
Nov-1	1			0									0.00	0	0.00	0.00			-	0.00	0
Dec-1	1			0									0.00	0	0.00	0.00				0.00	0
Jan-1	2			0									0.00	0	0.00	0.00				0.00	0
Feb-1	2			0									0.00	0	0.00	0.00				0.00	0
Mar-1	2			0									0.00	0	0.00	0.00				0.00	0
Apr-1	2			0									0.00	0	0.00	0.00				0.00	0
May-1	2			0									0.00	0	0.00	0.00				0.00	0
Jun-1	2			0									0.00	0	0.00				-	0.00	
Grand Totals								s -	s -	\$ -	\$ -	s -	\$ -	\$ -	s .			\$ -	\$ .	\$	

YTD SUMMARY AT ONE GLANCE - DO NOT ENTER BELOW

Note: Please submit by the 20th day of each month to the Family Preservation Program for the prior month's data.

Target Projected	Expenditure Per	centage by Month	FP Allocation (FP SYSTEM)		% Expended	% Unexpended
July	8%	-	11-12 Allocation	\$ -		
August	17%		YTD Expenditure	\$ -		
September	25%	-	Total Remaining Balance	\$ -	#DIV/01	#DIV/01
October	33%	520				
November	42%	(8)	UFA Regional (UFA SYSTEM)			
December	50%	120	11-12 Allocation	\$ -		
January	58%	0.00	YTD Expenditure	\$		
February	67%	7=27	Total Remaining Balance	\$ 191	#DIV/0!	#DIV/0!
March	75%	151				
April	83%	121	UFA ERCP (UFA SYSTEM)			
May	92%	150	11-12 Allocation	\$ 3.5		
June	100%	120	YTD Expenditure	\$		
			Total Remaining Balance	\$ 151	N/A	N/A
			FP & UFA SYSTEMS			
			<b>TOTAL 11-12 ALLOCATION</b>	\$ -		
			TOTAL YTD EXPENDITURE	\$ -	_	
			TOTAL REMAINING BALANCE	\$ 	#DIV/01	#DIV/01

Agency/DC
Reporting N

FY Allocation	1
FP System	550
UFA Regiona	
UFA ERCP	

FY Allocation	140
FP System	0
UFA Regional	141
UFA ERCP	

Ÿ	stem)				UFA ERC	P (in UFA S	/stem)			FP 8	UFA SYSTE	W S	
	COMMENTS	n	0	p=(n+o)	q	r=(p-q)	s	COMMENTS	t=(g+k+q)	u=(f+j+p)	v=(u-t)	w=(t-u)	x=(i+m+s)
Month/ Year	REASON / CORRECTIVE ACTION PLAN FOR OVER / (UNDER) EXPENDITURE	Monthly UFA ERCP Emergency Fund Requests	Monthly UF A ERCP Actual Earnings	Total UFA ERCP Actual Earnings	Monthly UFA ERCP Projected Earnings	Variance Overspent / (Underspent)	Next Month's Target Projected Earning (based on actual earning)	REASON / CORRECTIVE ACTION PLAN FOR OVER / (UNDER) EXPENDITURE	TOTAL MONTHLY PROJECTED EARNING	ROJECTED MONTHLY		REMAINING BALANCE	NEXT MONTH'S TARGET PROJECTED EARNING (base on actual earning
Jul-11				0.00	0	0.00	0		0.00	0.00	0.00	0.00	
Aug-11				0.00	0	0.00	0		0.00	0.00	0.00	0.00	(
Sep-11				0.00	0	0.00	0		0.00	0.00	0.00	0.00	ı
Oct-11				0.00	0	0.00	0		0.00	0.00	0.00	0.00	1
Nov-11				0.00	0	0.00	0		0.00	0.00	0.00	0.00	
Dec-11				0.00	0	0.00	0		0.00	0.00	0.00	0.00	
Jan-12				0.00	0	0.00	0		0.00	0.00	0.00	0.00	
Feb-12		,		0.00	0	0.00	0		0.00	0.00	0.00	0.00	
Mar-12				0.00	0	0.00	0		0.00	0.00	0.00	0.00	ı
Apr-12				0.00	0	0.00	0		0.00	0.00	0.00	0.00	(
Мау-12				0.00	0	0.00	0		0.00	0.00	0.00	0.00	
Jun-12				0.00	0	0.00			0.00	0.00	0.00	0.00	
Grand Totals		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			\$	\$ -	\$ .	\$ -	

Note: Pleas



Part I

### **BUDGET**

	BUDGET REVISION (through For	Y OWN
AGENCY NAME:	FAMILY PRESERVATION SERVICES	
orden contrate (etc. etc. acceptant contrate)	GOTT	

ITEM	Eleven Month Budget Peri (08/01/05-06/30/06)	Twelve with Budget Period (07) of 1/06-06/30/07)	Twelve Month Budget Period (07/01/07-06/30/08)	Total Budget Period (08/01/05-06/30/08)
PROGRAM EXPENSES				
I. DIRECT COST:				
A. Salaries and Employee Benefits				\$ -
B. Facility Rent/Lease	40 W			\$ -
C. Equipment and/or Other Assets Leas	144			\$ -
D. Services and Supplies				\$ -
E. Other				
II. ADMINSTR VE AND RECOST:	(Max 10% of Max Annual Contrac	t Sum)		
A. Administrat				
B. Other				
TOTAL GROSS COST PROGRAM	\$ -	-	\$ -	-
INCOME/REVENUE				N.
A. Projected County Allocation		\$ -		
B. Private Funding, Other Revenue, &/or	\$ -	-	\$ -	\$ -
In-Kind Math				
TOTAL INCOME/REVENUE	\$ -	\$ -	\$ -	\$ -

ATTACHMENTS (3): Budget Justification Narrative and Line Item Budge for each twelve-month budget perod.

### Part II

# **LINE ITEM BUDGET**

Pro	gram:
Age	ency:
Pro	gram Expenses:
I.	Direct Cost
II.	Administrative Cost

Part III

# **BUDGET NARRATIVE (JUSTIFICATION)**



### COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH SERVICES



# FAMILY PRESERVATION PROGRAM MENTAL HEALTH SERVICES REFERRAL

CSAT Referral [ MHST +/- [

		MH21 +/-[
NAME OF REFERRED INDIVIDUAL (S):	INDICATE	2. DATE OF BIRTH:
	CHILD/ADULT	
A.		
В.		
C.	_	
·		
3. LANGUAGE:		
4. STREET ADDRESS: zip code	5. TELEPHONE NUMBER:	
·	( )	
-		
6. MEDICAL INSURANCE COVERAGE:		
[ ] Medi-Cal	[ ] Healthy Families	1. Others
[ ] HMO Medi-Cal	[ ] Cal Works [	] Other
	Name	
7. [ ] GAIN/CAL WORKS:		
8. CASE NAME:	9. CASE NUMBER:	
10. DCFS/DPO (circle one) CASE WORKER'S NAME:	11. TELEPHONE NUMBER:	<u> </u>
10. DOI 3/DFO (CIICLE ONE) CASE WORKER'S NAIVIE.		
	( )	
12. DCFS/DPO (circle one) SUPERVISOR'S NAME:	13. TELEPHONE NUMBER:	
	( )	
14. FAMILY PRESERVATION LEAD AGENCY:	15. TELEPHONE NUMBER:	
16. LEAD AGENCY CONTACT PERSON:	17. TELEPHONE NUMBER:	
10. EE/IB / GERGT GORT/NOTT ERGON.		
	( )	
18. REASON FOR REFERRAL: (List symptoms/behaviors. E	Be as specific as possible.)	
19. NAME OF DMH PROVIDER:	20. DATE OF REFERRAL:	
13. IVAIVIE OF BIVIETT ROVIDER.	20. DATE OF REFERENCE.	
<b>V</b>		
21. DCFS/DPO SIGNATURE AND DATE:	22. FP LEAD AGENCY SIGN	ATURE AND DATE:
FAMILY PRESERVATION START DATE :		

DISTRIBUTION: Original to Mental Services Provider 1st copy to CFPN/Lead Agency 2nd copy CSW

MH 305 4/06

COUNTY OF LOS ANGELES – DEPARTMENT OF CHILDREN AND FAMILY SERVICES SAFE CHILDREN AND STRONG FAMILIES

# Mental Health Provider

	Date Referral Received	Case Name	Client	Name First	DOB	Lead Agency	Insurance Type	Prim. Lan.	Adult	Child	DCFS	Probation	Intake Date	Linkage Status	Comments
1				1 11 01											
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15						<u> </u>									
16															
17															
18 19															

# Los Angeles County DMH Family Preservation Tracking Log – FY 2014-2015

**EXHIBIT A-31** 

COUNTY OF LOS ANGELES - DEPARTMENT OF CHILDREN AND FAMILY SERVICES SAFE CHILDREN AND STRONG FAMILIES

### MONTHLY REFERRAL REPORT FOR FP LEAD AGENCY

Lead Agency	
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	FP Start Date	305 Ref. Date	Case #	Case Name	DCFS Office		Name	DOB	Insurance Type	Prim. Lan.	Adult	Child	DCFS	Probation	FP MH Provider	MHST+	Intake Date	Linkage Status	Comments
						Last	First							4					
1																			
2																			
3																			
4																			
5																			
6																			
7										7									
8																			
9																			
10																			
11																			
12																			
13									•										
14																			
15																			
16																			
17																			
18									_										

# TRANSPORTATION LOG

	DATE	CASE NAME	CLIENT NAME(S) /RELATIONSHIP	PICK-UP LOCATION	PICK UP TIME	DROP-OFF DESTINATION	DROP OFF TIME	CLIENT INITIALS	TOTAL TIME	COMMENTS
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										